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(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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## COVER LETTER

TO: New Filing So Division of C		·				
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SUBJECT: IMAGINE	RESEARCH OF PALM					
	(Name of Res	ulting Florida Lir	nited Con	npany)		
	s of Conversion, Artic a "Florida Limited Li					
Please return all corre	espondence concernin	g this matter to	:			
Jordan C. Kay, Esq.						
	(Contact Person)		_			
SKS Legal Group			_			
	(Firm/Company)					
2665 S. Bayshore Driv	e Suite 220					
	(Address)		<del></del>			1
Miami, Florida 33133						•
((	City, State and Zip Code)			. 4.	•	··
jkay@skslegalgroup.co	om					
E-mail Address: (to b	e used for future annual re	port notifications	<del></del>			
For further information	on concerning this ma	tter, please call	:			
Judith Herman		_at ( <sup>786</sup>	)5662	400		
(Name of Conta	ct Person)	(Area Coo	le) (Day	time Telephone Nu	mber)	
	or the following amou a bank located in the	,	process	sed by this office	must be	payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filinand Certified C		☐\$185.00 Filing Certified Copy, ar Certificate of Stat	nd	

### Mailing Address:

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### Street Address:

New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

#### **Articles of Conversion**

For

#### "Other Business Entity"

Into

#### Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

IMAGINE RESEARCH OF PALM BEACH COUNTY, INC.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
November 13, 2018 .
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
IMAGINE RESEARCH OF PALM BEACH COUNTY, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after
the date this document is filed by the Florida Department of State.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
5. The plan of conversion has been approved in accordance with all applicable statutes.
6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

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Signed this 15TH day of JUNE	_20 <u>_2/</u>			
Signature of Authorized Representative of Limit	ted Liability Company:			
Signature of Authorized Representative: Printed Name: JORDAN C. KAY	Title: ATTORNEY			
Signature(s) on behalf of Other Business Entity: [	See below for required signature(s)]			
Signature: Printed Name: JUDITH HERMAN (signed by January)	Title: DIRECTOR			
Kony (	Altorney in FACT			•
Signature:Printed Name:	Title:			
Signature:Printed Name:	753.1			•
Signature: Printed Name:	Title:			
Signature:Printed Name:				
Signature:Printed Name:	Title			
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	Officer.			
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:			
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:	A	2	()
All others: Signature of an authorized person.		HASSE	JUH 23	:1 :-:
Fees:	,		:21 Hd	·-j
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	#0 T	: 3	

The name and the Florida street address of the registered agent are:    JUDITH HERMAN	ARTICLE I - Name: The name of the Limited Liability Compan	ny is:				
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is  Principal Office Address:  709 SOUTH FEDERAL HIGHWAY SUITE 2 BOYNTON BEACH, FL 33435  ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are:  JUDITH HERMAN Name  4550 N BAY ROAD Florida street address (P.O. Box NOT acceptable)  MIAMI BEACH FL 33140  City Zip  Having been named as registered agent and to accept service of process for the above stated limite liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of statutes relating to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.  Registered Agent's Signature (REQUIRED)  (CONTINUED)	IMAGINE RESEARCH OF PALM BEACH COL	UNTY, LLC				
The mailing address and street address of the principal office of the Limited Liability Company is  Principal Office Address:  Mailing Address:  709 SOUTH FEDERAL HIGHWAY SUITE 2 BOYNTON BEACH, FL 33435  ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)  The name and the Floridá street address of the registered agent are:  JUDITH HERMAN  Name  4550 N BAY ROAD Florida street address (P.O. Box NOT acceptable)  MIAMI BEACH FL 33140  City Zip  Having been named as registered agent and to accept service of process for the above stated limits liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of statutes relating to the proper and complete performance of my duties, and I am familiar with am accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.  Registered Agent's Signature (REQUIRED)  (CONTINUED)	(Must contain the words "Limited L	iability Company, "L.L.C.," or "LLC.")				
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Registered Agent's Signature (REQUIRED)  (CONTINUED)	liability company at the place designat registered agent and agree to act in this co statutes relating to the proper and comp	ted in this certificate, I hereby accept the appointment as apacity. I further agree to comply with the provisions of all plete performance of my duties, and I am familiar with and				
12	Registered Agent's	Signature (REQUIRED)				

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#### ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u>	Name and Address:			
"AMBR" = Authorized Member				
"MGR" = Manager AMBR/MGR	DR. CRAIG HERMAN			
	4550 N BAY ROAD			
	MIAMI BEACH, FL 33140			
MGR	JUDITH HERMAN			
	4550 N BAY ROAD			
	MIAMI BEACH, FL 33140			
MGR .	JORDAN HERMAN			
	4550 N BAY ROAD			
	MIAMI BEACH, FL 33140			
MGR	JACK HERMAN			
<del></del>	4550 N BAY ROAD			
	MIAMI BEACH, FL 33140			
(Use attachment if necessary)				$Q^{0}$
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ARTICLE V: Other provisions, if any.		21 JUH 23 Januari An Art Ahass		
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<u>required</u> signature;		<u> </u>		
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Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Typed or printed name of signee

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)



Jordan C. Kay, Esq. jkay@skslegalgroup.com

June 18, 2021

#### Via Certified Mail

7018 1830 0001 6983 6814 Division of Corporations New Filing Division PO Box 6327 Tallahassee, FL 32314

Re: Quantum Clinical Trials LLC

Imagine Research of Palm Beach County, LLC Clinical Research Center of Florida, LLC

To Whom it May Concern:

Please find enclosed Articles and Conversion and Articles of Organization for three (3) Corporation to Limited Liability Company Conversions relating to the following entities:

Quantum Clinical Trials, Inc.

Quantum Clinical Trials LLC

Imagine Research of Palm Beach County, Inc.

Imagine Research of Palm Beach County, LLC

Clinical Research Center of Florida, Inc.

Clinical Research Center of Florida, LLC

Additionally, we have enclosed a check in the amount of \$450.00, which represents the filing fees for each of the three filings. Please feel free to contact the undersigned with any questions or comments.

Sincerely,

/s/ Jordan C. Kay

Jordan C. Kay, Esq.

**Board Certified Construction Attorney** 

cc: Client (via email)