

24/23, 11:45 AM

Division of Corporations

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : BUSINESS ACCOUNTING PROFESSIONALS CORP
Account Number : 120190000020
Phone : (786)953-7449
Fax Number : (786)953-7450

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
IB MEDICAL RESEARCH CONSULTING LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

2023
FRI 12:21

FALL 11:58 AM 11/10/2023

2023 MAR 24 AM 1:04

FRI 1:04

**Articles of Organization
For
Florida Limited Liability Company**

The undersigned company, for the purpose of forming a Florida limited liability company, hereby adopts the following Articles of Organization:

Article I

The name of the limited liability company is:

IB MEDICAL RESEARCH CONSULTING LLC

Article II

The street address of the principal office of the Limited Liability Company is:

**1346 DUNAD AVENUE
OPA LOCKA, FL. 33054**

The mailing address of the Limited Liability Company is:

**1346 DUNAD AVENUE
OPA LOCKA, FL. 33054**

Article III

Other provisions, if any:

ANY AND ALL LAWFUL BUSINESS.

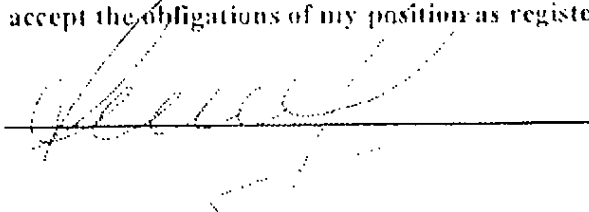
Article IV

The name and Florida street address of the registered agent is:

**IVET BORREGO
1346 DUNAD AVENUE
OPA LOCKA, FL. 33054**

Having been named as a registered agent and to accept service of process of the above stated limited 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 all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature:



Article V

The name and address of person(s) authorized to manage the LLC:

Title: AMBR
IVET BORREGO
1346 DUNAD AVENUE
OPA LOCKA, FL. 33054

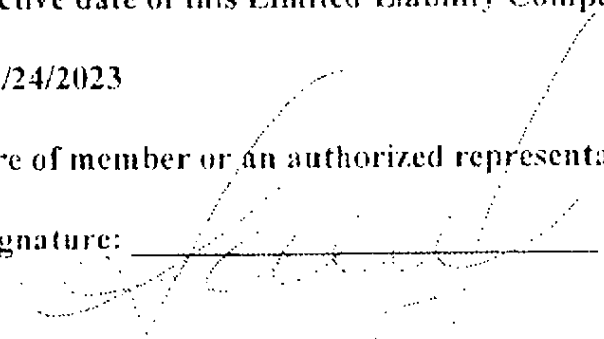
Signature: 

Article VI

The effective date of this Limited Liability Company Shall be:

03/24/2023

Signature of member or an authorized representative:

Signature: 

I am a member or authorized representative submitting these Articles of organization and affirm that the facts state herein are true. I am aware that false information submitted a document to the Department of State constitutes a third degree felony as provide for in S.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following the formation of the LLC and every year thereafter to maintain "active" status.

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FILED
TALLAHASSEE
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