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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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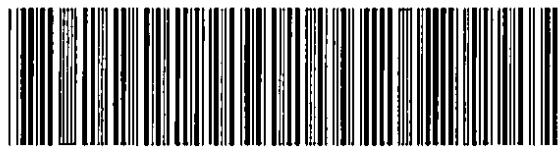
(Business Entity Name)

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2023 MAY 18 PM 9:51

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Advantage Clinical Trias LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Yiset Sanchez

Name of Person

Advantage Clinical Trias LLC

Firm/Company

9412 N Oakleaf Ave

Address

Tampa, FL 33612

City/State and Zip Code

yiset1982@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yiset Sanchez

813

898-7527

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

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

Street Address:

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee

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

L23000224147
FILED 8:00 AM
May 05, 2023
Sec. Of State
vherring

Article I

The name of the Limited Liability Company is:

ADVANTAGE CLINICAL TRIAS LLC

Article II

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

8011 N HIMES AVE
SUITE 3
TAMPA, FL. 33614

The mailing address of the Limited Liability Company is:

9412 N OAKLEAF AVE
TAMPA, FL. 33612

Article III

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

YISET SANCHEZ
8011 N HIMES AVE
SUITE 3
TAMPA, FL. 33614

Having been named as registered agent and to accept service of process for 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: YISET SANCHEZ

Article IV

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

Title: CEO
YISET SANCHEZ
8011 N HIMES AVE. SUITE 3
TAMPA, FL. 33614

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May 05, 2023
Sec. Of State
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Article V

The effective date for this Limited Liability Company shall be:

05/05/2023

Signature of member or an authorized representative

Electronic Signature: YISET SANCHEZ

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.