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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

## CLINICAL RESEARCH OF OSCEOLA, LLC

Please Debit FCA000000003 For: 125

Thank you Seth Neeley



Art of Inc. File \_\_\_\_\_  
LTD Partnership File \_\_\_\_\_  
Foreign Corp. File \_\_\_\_\_  
L.C. File \_\_\_\_\_  
Fictitious Name File \_\_\_\_\_  
Trade/Service Mark \_\_\_\_\_  
Merger File \_\_\_\_\_  
Art. of Amend. File \_\_\_\_\_  
RA Resignation \_\_\_\_\_  
Dissolution / Withdrawal \_\_\_\_\_  
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Certificate of Good Standing \_\_\_\_\_  
Certificate of Status \_\_\_\_\_  
Certificate of Fictitious Name \_\_\_\_\_  
Corp Record Search \_\_\_\_\_  
Officer Search \_\_\_\_\_  
Fictitious Search \_\_\_\_\_  
Fictitious Owner Search \_\_\_\_\_  
Vehicle Search \_\_\_\_\_  
Driving Record \_\_\_\_\_  
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**ARTICLES OF ORGANIZATION**  
**OF**  
**CLINICAL RESEARCH OF OSCEOLA, LLC**

**ARTICLE I**

**NAME**

The name of the Limited Liability Company is **Clinical Research of Osceola, LLC.**

**ARTICLE II**

**ADDRESS**

The mailing address of the principal office of the Limited Liability Company is 505 W Oak Street, Suite 202, Kissimmee, Florida 34741

The Street address of the principal office of the Company is 505 W Oak Street, Suite 202, Kissimmee, Florida 34741.

**ARTICLE III**

**DURATION**

The period of duration for the Limited Liability Company shall be perpetual.


**ARTICLE IV**

**MANAGEMENT**

The limited Liability Company is a manager-managed Limited Liability Company. The Limited Liability Company shall be managed by the manager who is designated to act in that capacity in accordance with the Operating Agreement of the Limited Liability Company.

In accordance with Section 605.0203(1), Florida Statutes, the execution of this

document constitutes an affirmation under penalties of perjury that the facts stated in these Articles are true.

  
Tashina Y. Anquizzaman  
Manager

June 21, 2024

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

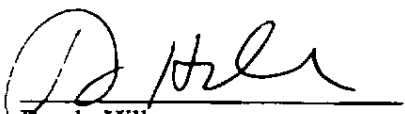
Under the Provisions of Section 605.0113, Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a registered office and registered agent to the State of Florida.

The name of the limited liability company is Clinical Research of Osceola, LLC.

The name and the street address of the registered agent are:

Randy Hillman  
1073 Willa Springs Drive #2029  
Winter Springs, Florida 32708

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.

  
Randy Hillman  
Registered Agent

June 21, 2024