Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax auditor number (shown below) on the top and bottom of all pages of the document.

(((H09000076484 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

TO:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023 Phone : (850)222-1092

Fax Number : (850)878-5368

FLORIDA/FOREIGN LIMITED LIABILITY CO.

SRA Global Clinical Development LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$125.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 60850B, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: SRA Global Clinical Development, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.") 2. North Carolina (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) 4. December 29, 2004 perpetual (Duration: Year limited liability company will cease (Date of Organization) exist or "perpetual") (Date first transacted business in Pforida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 4300 Fair Lakes Court Fairfax, VA 22033 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: David A. Dworacyk 4300 Fair Lakes Court, Fairfax, VA 22033 Mark D. Schultz 4300 Fair Lakes Court, Fairfax, VA 22033 Carleton Long 4300 Fair Lakes Court, Fairfax, VA 22033 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Clinical drug/health Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S. the execution of this document constitutes

an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signee

Mark D, Schultz, Secretary

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| 1. The name of the Limited Lia | bility Company is: | |
|---|---|--|
| SRA Global Clinical Devel | opment, LLC | |
| If name unavailable, the alternat | te name to be used in the state of Florida is: | 7 |
| 2. The name and the Florida str | eet address of the registered agent and office are: | 2009 APR - 1 SECRETARY ALLAHASSEE |
| CT Corporati | on System | - Age |
| · · · · · · · · · · · · · · · · · · · | (Name) | |
| 1200 S. Pine | | AM 10: 04 OF STATE E. FLORIDA |
| Plon | da Stroot Address (P.O. Bux NOT ACCEPTABLE) | , OA |
| Plantation, | FL 33324 | |
| | City/State/Zip | • |
| ltability company at the place des agent and agree to act in this cap relating to the proper and comple | agent and to accept service of process for the above signated in this certificate, I hereby accept the appointmactly. I further agree to comply with the provisions of the performance of my duties, and I am familiar with with each agent as provided for in Chapter 608, Florida S | nent as registered 'all statutes nd accept the |
| Anuelia Puta | / \$ 100.00 Filing Fee for Application | |
| Vice Organiciant'S 25.00 Designation of Registered Agent | | |
| and Assistant Sec | ''S 30.00 Certified Copy (optional) I'STREMO Certificate of Status (optional) | |
| はこう とうりょうじんしょ くりく | | |



NORTH CAROLINA Department of The Secretary of State

CERTIFICATE OF EXISTENCE

(Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

SRA GLOBAL CLINICAL DEVELOPMENT LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 29th day of December, 2004, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.



Certification# 89099534-1 Reference# 9628835- Page: 1 of 1 Verify this certificate online at www.secretary.state.nc.us/verification IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 1st day of April, 2009

Secretary of State

Elaine J. Marshall