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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

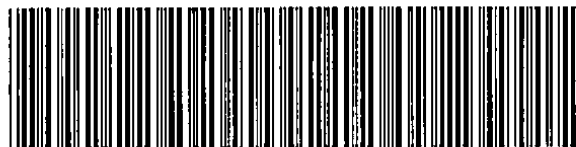
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TALLAHASSEE, FLORIDA

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

Date: 9/17/2019

Acc#I20160000072

en: c SW

Name:	Clinical Trial Source, LLC
Document #:	
Order #:	12179821

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
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Ref# _____

Amount: \$	155
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Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Clinical Trial Source, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Ashley Llamas

Name of Person

Clinical Trial Source, LLC

Firm/Company

108 Myrtle Street, Suite 201

Address

Quincy, MA 02171

City/State and Zip Code

allamas@btesites.com

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

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STATE
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

Ashley Llamas

857

284-7574 xt. 592

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☒ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Clinical Trial Source, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
2. Massachusetts
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 45-3166313
(FEI number, if applicable)
4. September 9, 2019
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 108 Myrtle Street, Suite 201
(Street Address of Principal Office)
6. 108 Myrtle Street, Suite 201
(Mailing Address)
- Quincy, MA 02171
- Quincy, MA 02171

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By: C T Corporation System
Candice Pignataro, Asst. Secretary
(Registered agent's signature)

Candice Pignataro

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Al Peters</u>	<input type="checkbox"/> Manager	Name: <u>Ashley Llamas</u>
<input type="checkbox"/> Member	Address: <u>108 Myrtle Street, Suite 201</u>	<input type="checkbox"/> Member	Address: <u>108 Myrtle Street, Suite 201</u>
<input type="checkbox"/> Authorized	<u>Quincy, MA 02171</u>	<input checked="" type="checkbox"/> Authorized	<u>Quincy, MA 02171</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Christian Burns</u>	<input type="checkbox"/> Manager	Name: <u>Meg McCann</u>
<input type="checkbox"/> Member	Address: <u>108 Myrtle Street, Suite 201</u>	<input type="checkbox"/> Member	Address: <u>108 Myrtle Street, Suite 201</u>
<input type="checkbox"/> Authorized	<u>Quincy, MA 02171</u>	<input checked="" type="checkbox"/> Authorized	<u>Quincy, MA 02171</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

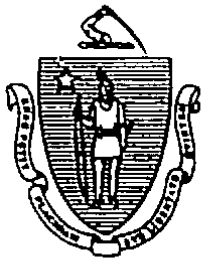
10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Ashley Llamas

Signature of an authorized person

Ashley Llamas

Typed or printed name of signer



The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

William Francis Galvin
Secretary of the
Commonwealth

June 26, 2019

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

CLINICAL TRIAL SOURCE LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on July 24, 2012.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation; that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156C, § 70 for said Limited Liability Company dissolution; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are **NONE**.

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **ALFRED PETERS, CHRISTIAN BURNS**

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **ALFRED PETERS, CHRISTIAN BURNS**



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

William Francis Galvin

Secretary of the Commonwealth