

M22000102007

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Need a Certificate of Name
Change

Office Use Only



700396455887

10/31/22--01017--001 --25.00

2023 MAR 29 PM 3:21

APR 3 - 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CLINICAL RESEARCH SOLUTIONS OF WISCONSIN, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jordan Sager

Name of Person

Brixy & Meyer Capital, LLC

Firm/Company

201 E. Fourth Street, Suite 1550

Address

Cincinnati, OH 45202

City/State and Zip Code

jordan.sager@bmcgrowth.com

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

For further information concerning this matter, please call:

Jordan Sager

at (513) 614-7442

Name of Person

Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

2023 MAR 29 PM 3:21

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: CLINICAL RESEARCH SOLUTIONS OF WISCONSIN, LLC

Enter new principal office address, if applicable: _____

(Principal office address

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: _____

3. Jurisdiction of its organization: _____

4. Date authorized to do business in Florida: _____

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Legacy Clinical RS, LLC

(must contain "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 contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required; no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

David S Brixey

Signature of the authorized representative

David S. Brixey

Typed or printed name of signee

Filing Fee: \$25.00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 10, 2023

JORDAN SAGER
201 E. FOURTH STREET
SUITE 1550
CINCINNATI, OH 45202

SUBJECT: CLINICAL RESEARCH SOLUTIONS OF WISCONSIN, LLC
Ref. Number: M22000002007

We have received your document for CLINICAL RESEARCH SOLUTIONS OF WISCONSIN, LLC and your check(s) totaling \$0.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

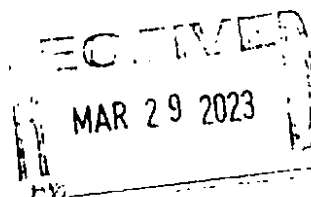
A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 123A00005631





FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 23, 2023

JORDAN SAGER
201 E. FOURTH STREET
SUITE 1550
CINCINNATI, OH 45202

SUBJECT: CLINICAL RESEARCH SOLUTIONS OF WISCONSIN, LLC
Ref. Number: M22000002007

We have received your document for CLINICAL RESEARCH SOLUTIONS OF WISCONSIN, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 423A00001629

MAR - 7 2023



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 23, 2023

JORDAN SAGER
201 E. FOURTH STREET
SUITE 1550
CINCINNATI, OH 45202

SUBJECT: CLINICAL RESEARCH SOLUTIONS OF WISCONSIN, LLC
Ref. Number: M22000002007

We have received your document for CLINICAL RESEARCH SOLUTIONS OF WISCONSIN, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

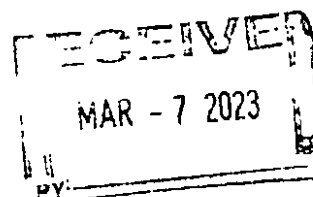
A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 423A00001629



DFI/CORP/38
RECORD
2022

United States of America
State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

I, Craig Heilman, Administrator, Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that the annexed copy has been compared by me with the record on file in the Corporation Section of the Division of Corporate & Consumer Services of this department and that the same is a true copy thereof and the whole of such record; and that I am the legal custodian of said record, and that this certification is in due form.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed the official seal
of the Department.

A handwritten signature in black ink, appearing to read 'Craig Heilman'.

CRAIG HEILMAN, Administrator
Division of Corporate and Consumer Services
Department of Financial Institutions

DATE: 03/01/2023

A handwritten signature in black ink, appearing to read 'Manuela Francavilla'.
By: Manuela Francavilla

ARTICLES OF ORGANIZATION - Limited Liability Company(Ch. 183)

Filing Fee: \$130.00
Total Fee: \$130.00

ENDORSEMENT

State of Wisconsin
Department of Financial Institutions

EFFECTIVE DATE	
11/20/2012	

FILED 11/20/2012	Entity ID Number C083614
----------------------------	-----------------------------

Drafter

This document was drafted by: Jordan Sager

Signature

Title: Manager

Date: 10/24/2022

I understand that checking this
box constitutes a legal
signature: Yes

Signatory's Name: David S. Brixey

Delayed Effective Date (Optional)

This document will be effective on the date it is received by the department
unless a delayed (future) date is included here.

(Optional) This document has a
delayed effective date of:

Contact Information (Optional)

Name: Jordan Sager

Address: 201 East Fourth Street, Suite 1550

City: Cincinnati

State: OHIO

Zip Code: 45202

Phone Number: 5136147442

Email Address: jordan.sager@bmcgrowth.com

Endorsement

FILED

Received Date: 10/24/2022