

M23000007839

(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:

W23-78614

Office Use Only



300409861323

2023 JUN -2 AM 8:33

2023 JUN -2 PM 1:38

JUN 16 2023

K. Brumby



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 5, 2023

CT

CORRECTED
Please Allow For
Same File Date

SUBJECT: ECLINICAL SOLUTIONS LLC
Ref. Number: W23000078614

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

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$1,332.50.

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) 245-6051.

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

Letter Number: 723A00012727

RECEIVED
2023 JUN 16 AM 10:06
Division of State
TALLAHASSEE, FLORIDA

CT CORP
(850)656-4724
3458 Lakeshore Drive,
Tallahassee, FL 32312

Date: 06/02/2023

Acc#I20160000072

W: 15/11

Name:	ECLINICAL SOLUTIONS LLC
Document #:	
Order #:	71084454

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

Filing: <input checked="" type="checkbox"/>	Certified:	Email Address for Annual Report Notifications: <u>sconnolly@edincialsol.com</u>
	Plain: <input checked="" type="checkbox"/>	
	COGS: <input type="checkbox"/>	

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 1457.50

Thank you!

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. ECLINICAL SOLUTIONS 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. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")

2. Delaware 3. 46-1093068
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 4/12/2017
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 603 West Street 6. Same
(Street Address of Principal Office) (Mailing Address)

Mansfield, MA 02048

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.

C T Corporation System

By: 
(Registered agent's signature)

2023 JUN -2 AM 8:34

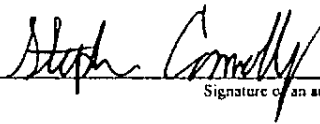
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>Raj Indupuri</u>	<input type="checkbox"/> Manager	Name: <u>Bharat Agrawal</u>
<input type="checkbox"/> Member	Address: <u>603 West Street</u>	<input type="checkbox"/> Member	Address: <u>603 West Street</u>
<input type="checkbox"/> Authorized	<u>Mansfield, MA 02048</u>	<input type="checkbox"/> Authorized	<u>Mansfield, MA 02048</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>
<input checked="" type="checkbox"/> Manager	Name: <u>Robert Arnesen</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Michael S. Mancuso</u>
<input type="checkbox"/> Member	Address: <u>603 West Street</u>	<input type="checkbox"/> Member	Address: <u>603 West Street</u>
<input type="checkbox"/> Authorized	<u>Mansfield, MA 02048</u>	<input type="checkbox"/> Authorized	<u>Mansfield, MA 02048</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>
<input checked="" type="checkbox"/> Manager	Name: <u>Mark Delaar</u>	<input type="checkbox"/> Manager	Name: <u></u>
<input type="checkbox"/> Member	Address: <u>603 West Street</u>	<input type="checkbox"/> Member	Address: <u></u>
<input type="checkbox"/> Authorized	<u>Mansfield, MA 02048</u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>

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.



Signature of an authorized person

Stephen Connolly

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ECLINICAL SOLUTIONS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SECOND DAY OF JUNE, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



5220542 8300

SR# 20232647166

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203470175

Date: 06-02-23