

M24000008245

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(Address)

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JUN 27 2024
K. Brumbley



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: 120000000088
For any issues please contact
Cheyanne Davis
(850) 202-1882

Date: 06/25/2024

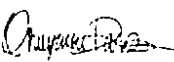
Name: Cheyanne Davis

Reference #: 2413602

Entity Name: ALCANZA CLINICAL RESEARCH LLC

- ☒ Articles of Incorporation/Authorization to Transact Business
- ☐ Amendment
- ☐ Change of Agent
- ☐ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☐ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☒ Other PLEASE ATTACH CERTIFIED COPY AND CERTIFICATE OF STATUS UPON FILING

Authorized Amount: \$160.00

Signature: 

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALCANZA CLINICAL RESEARCH 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:

TOM MCGUIRE

Name of Person

ALCANZA CLINICAL RESEARCH LLC

Firm/Company

615 CRESCENT EXECUTIVE CT, SUITE 120

Address

LAKE MARY, FL 32746

City/State and Zip Code

ACCOUNTING@ALCANZACLINICAL.COM

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

For further information concerning this matter, please call:

THERESA SLOAN

407

550-8153 EXT 318

at ()

Name of Contact 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:

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. ALCANZA CLINICAL RESEARCH, 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 (FILE#6364472) 3. 87-3867885
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 06/26/2024
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 615 CRESCENT EXECUTIVE CT, STE 120 6. 615 CRESCENT EXECUTIVE CT, STE 120
(Street Address of Principal Office) (Mailing Address)

LAKE MARY, FL 32746

LAKE MARY, FL 32746

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

Name: COGENCY GLOCAL INC

Office Address: 115 N CALHOUN ST, STE 4

TALLAHASSEE, Florida 32301
(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.

/s/ Xavian Brown Assistant Secretary

(Registered agent's signature)

2024. 06. 26 PM 12:15

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 type="checkbox"/> Manager	Name:	CARLOS ORANTES		<input type="checkbox"/> Manager	Name:	MICHAEL DONOVAN	
<input type="checkbox"/> Member	Address:	615 CRESCENT EXECUTIVE		<input type="checkbox"/> Member	Address:	615 CRESCENT EXECUTIVE	
<input type="checkbox"/> Authorized		CT, SUITE 120		<input type="checkbox"/> Authorized		CT, SUITE 120	
Person		LAKE MARY, FL 32746		Person		LAKE MARY, FL 32746	
<input checked="" type="checkbox"/> Other	CEO		<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other	CFO		<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name:	TOM MCGUIRE		<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:	615 CRESCENT EXECUTIVE		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		CT, SUITE 120		<input type="checkbox"/> Authorized			
Person		LAKE MARY, FL 32746		Person			
<input checked="" type="checkbox"/> Other	CONTROLLER		<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.

Tom McGuire
Tom McGuire [Jun 25, 2024 15:21 EDT]

Signature of an authorized person

TOM MCGUIRE

Typed or printed name of signer

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALCANZA CLINICAL RESEARCH, 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 FOURTEENTH DAY OF JUNE, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALCANZA CLINICAL RESEARCH, LLC" WAS FORMED ON THE FOURTH DAY OF NOVEMBER, A.D. 2021.



6364472 8300

SR# 20242436365

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

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

Authentication: 203715183

Date: 06-14-24