

M24000008821

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

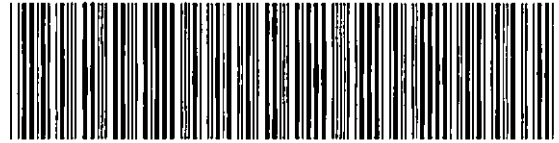
(Business Entity Name)

(Document Number)

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2024 JUL 11 AM 10:02
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TALLAHASSEE, FLORIDA

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JUL 12 2024

C. Brumley



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

Account#: I20000000088
For any issues please contact
Cheyanne Davis
(850) 202-1882

Date: 07/11/2024

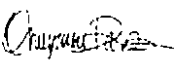
Name: Cheyenne Davis

Reference #: 2433021

Entity Name: CLINICAL ENTERPRISE, LLC

- Articles of Incorporation/Authorization to Transact Business
- Amendment
- Change of Agent
- Reinstatement
- Conversion
- Merger
- Dissolution/Withdrawal
- Fictitious Name
- Other _____

Authorized Amount: \$125.00

Signature: 

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 ENTERPRISE, 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. DE (Jurisdiction under the law of which foreign limited liability company is organized)
3. 85-0585491 (FEI number, if applicable)

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

5. 175 Crossing Blvd (Street Address of Principal Office) Suite 500 Framingham, MA 01702
6. 175 Crossing Blvd. (Mailing Address) Suite 500 Framingham, MA 01702

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

Name: Cogency Global Inc.

Office Address: 115 North Calhoun St. Suite 4

Tallahassee, Florida 32301
(City) (Zip code)

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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.

Sheryl Gibbs
(Registered agent's signature)

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>Patrick Noland</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Matthew Urbanek</u>
<input type="checkbox"/> Member	Address: <u>175 Crossing Blvd</u>	<input type="checkbox"/> Member	Address: <u>18000 W 99th Street</u>
<input type="checkbox"/> Authorized	<u>Framingham, MA 01702</u>	<input type="checkbox"/> Authorized	<u>Lenexa, KS 66219</u>
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>President</u>	Other _____	<input type="checkbox"/> Other _____	Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Brian Tees</u>	<input type="checkbox"/> Manager	Name: <u>Dan Dickinson</u>
<input type="checkbox"/> Member	Address: <u>175 Crossing Blvd</u>	<input type="checkbox"/> Member	Address: <u>2200 Rittenhouse St.</u>
<input type="checkbox"/> Authorized	<u>Framingham, MA 01702</u>	<input type="checkbox"/> Authorized	<u>Ste. A</u>
Person	_____	Person	<u>Des Moines, IA 50321</u>
<input type="checkbox"/> Other _____	Other _____	<input checked="" type="checkbox"/> Other <u>Treasurer</u>	Other _____
<input type="checkbox"/> Manager	Name: <u>Kristin Eck</u>	<input type="checkbox"/> Manager	Name: <u>Justin Dudas</u>
<input type="checkbox"/> Member	Address: <u>343 West Main St.</u>	<input type="checkbox"/> Member	Address: <u>343 West Main St.</u>
<input type="checkbox"/> Authorized	<u>Leola, PA 17540</u>	<input checked="" type="checkbox"/> Authorized	<u>Leola, PA 17540</u>
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>Secretary</u>	Other _____	<input type="checkbox"/> Other _____	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.



Signature of an authorized person

Justin Dudas

Typed or printed name of signee

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CLINICAL ENTERPRISE, 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 EIGHTH DAY OF JULY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CLINICAL ENTERPRISE, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF MARCH, A.D. 2020.

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



7911206 8300

SR# 20243079989

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.

Authentication: 203874049

Date: 07-08-24