

M24000008821

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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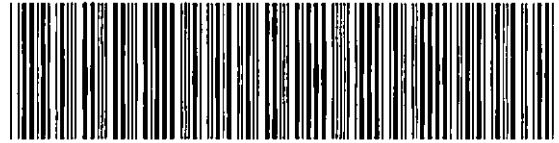
(Business Entity Name)

(Document Number)

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APPROVED  
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2024 JUL 11 AM 10:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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2024 JUL 11 PM 12:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 12 2024

C. Brumbley



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

Account#: I200000000088  
For any issues please contact  
Cheyanne Davis  
(850) 202-1882

Date: 07/11/2024


Name: Cheyanne 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: 

• CORPORATE HQ  
COGENCY GLOBAL INC.  
10 E 40TH ST, 10TH FL  
NY, NY 10016  
D: +1.212.947.7200  
P: 800.221.0102  
F: 800.944.6607

• EUROPEAN HQ  
COGENCY GLOBAL (UK) LIMITED  
REGISTERED IN ENGLAND & WALES  
REGISTRY #8010712  
6 LLOYDS AVE, UNIT 4CL  
LONDON EC3N 3AX  
+44 (0)20.3961.3080

• ASIA PACIFIC HQ  
COGENCY GLOBAL (HK) LIMITED  
A HONG KONG LIMITED COMPANY  
UNIT B, 11/F, LIPPO LEIGHTON TOWER  
103 LEIGHTON RD, CAUSEWAY BAY  
HONG KONG  
P: +852.2682.9633  
F: +852.2682.9790

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 3. 85-0585491  
(Jurisdiction under the law of which foreign limited liability company is organized) (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 6. 175 Crossing Blvd.  
(Street Address of Principal Office) (Mailing Address)

Suite 500 Suite 500

Framingham, MA 01702 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)

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)

APPROVED  
AND  
FILED  
2024 JUL 11 AM 10:02  
CLERK OF STATE  
TALLAHASSEE, FL 32301

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]:

Title or Capacity:                      Name and Address:

☒ Manager      Name: Patrick Noland

☐ Member      Address: 175 Crossing Blvd

☐ Authorized      Framingham, MA 01702

Person \_\_\_\_\_

☒ Other President      | Other \_\_\_\_\_

Title or Capacity:                      Name and Address:

☒ Manager      Name: Matthew Urbanek

☐ Member      Address: 18000 W 99th Street

☐ Authorized      Lenexa, KS 66219

Person \_\_\_\_\_

☐ Other \_\_\_\_\_      | Other \_\_\_\_\_

☒ Manager      Name: Brian Tees

☐ Member      Address: 175 Crossing Blvd

☐ Authorized      Framingham, MA 01702

Person \_\_\_\_\_

☐ Other \_\_\_\_\_      | Other \_\_\_\_\_

☐ Manager      Name: Dan Dickinson

☐ Member      Address: 2200 Rittenhouse St.

☐ Authorized      Ste. A

Person Des Moines, IA 50321

☒ Other Treasurer      | Other \_\_\_\_\_

☐ Manager      Name: Kristin Eck

☐ Member      Address: 343 West Main St.

☐ Authorized      Leola, PA 17540

Person \_\_\_\_\_

☒ Other Secretary      | Other \_\_\_\_\_

☐ Manager      Name: Justin Dudas

☐ Member      Address: 343 West Main St.

☒ Authorized      Leola, PA 17540

Person \_\_\_\_\_

☐ 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

Page 1

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](http://corp.delaware.gov/authver.shtml)

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 203874049

Date: 07-08-24