

08/07/24 1:04 PM

Division of Corporations

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : 120180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

Foreign Limited Liability Company TI Clinical Trial Services LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

RECEIVED

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Division of Corporations
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1 TI Clinical Trial Services LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLP")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLP.")

2 Nevada

3 99-1143654

(Jurisdiction under the law of which foreign limited liability company is organized)

(FBI 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 (Street Address of Principal Office)

6 (Mailing Address)

6375 South Pecos Road, #203

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Las Vegas, NV, 89120

Las Vegas, NV, 89120

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

Name LEGALINC CORPORATE SERVICES INC.

Office Address 476 Riverside Ave.

Jacksonville

32202

Florida

(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.

(Registered agent's signature)

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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 Roy Trujillo
☐ Member Address _____
☐ Authorized 1250 Broadway, 32nd FL,
Person New York, NY, 10001
☐ Other _____ ☐ Other _____

☐ Manager Name TransPerfect Global, Inc
☒ Member Address _____
☐ Authorized 1250 Broadway, 32nd FL,
Person New York, NY, 10001
☐ Other _____ ☐ Other _____

☐ Manager Name _____
☐ Member Address _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:
☒ Manager Name Philip Shawe
☐ Member Address _____
☐ Authorized 1250 Broadway, 32nd FL,
Person New York, NY, 10001
☐ Other _____ ☐ Other _____

☐ Manager Name _____
☐ Member Address _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name _____
☐ Member Address _____
☐ Authorized _____
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: Roy Trujillo

Email: rtujillo@transperfect.com

Signature of an authorized person

Roy Trujillo

Typed or printed name of signer

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SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence **TI Clinical Trial Services LLC** as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 02/05/2024, and in good standing in this State.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of this State, at my office on 07/31/2024.

A handwritten signature in cursive script, reading "FV Aguilar".

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202407314842812

You may verify this certificate

online at <https://www.nvsilverflume.gov/home>

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