

P03000031114

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

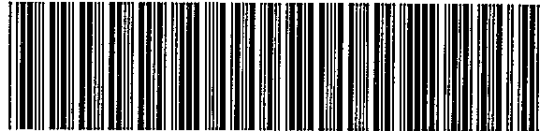
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400013927664

03/14/03--01048--024 \*\*78.75

FILED  
2003 MAR 14 03:35  
MAR 14 2003

03-18-03

## TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: CMC Support Services, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: Emma A. Lopez

Name (Printed or typed)

9611 Johnson Street

Address

Pembroke Pines, FL 33024

City, State & Zip

954-431-8313

Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**

FILED

2003 MAR 14 PM 3:35

CLERK OF DISTRICT COURT  
JAN 14 2003

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

### **ARTICLE I NAME**

The name of the corporation shall be:

CMC Support Services, Inc.

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

9611 Johnson Street, Pembroke Pines, FL 33024

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To provide consulting services in the area of regulatory and quality asurance pertaining to pharmaceutical drug products and medical devices.

### **ARTICLE IV SHARES**

The number of shares of stock is:

100

### **ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

Emma A. Lopez, President

9611 Johnson Street, Pembroke Pines, FL 33024

### **ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

Emma A. Lopez

9611 Johnson Street, Pembroke Pines, FL 33024

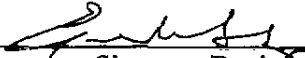
### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

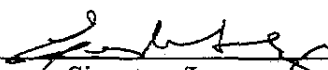
Emma A. Lopez

9611 Johnson Street, Pembroke Pines, FL 33024

\*\*\*\*\*  
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
\_\_\_\_\_  
Signature/Registered Agent

Mar. 13, 2003  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

Mar. 13, 2003  
\_\_\_\_\_  
Date