

PO5000108586

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

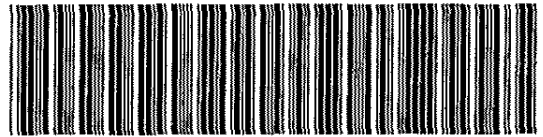
(Business Entity Name)

(Document Number)

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REVISED AUG 14 2001

## TRANSMITTAL LETTER

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

SUBJECT: CLINICAL RESEARCH TRAINING OUTSIDE, 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: JOHN J. SNODGRASS  
Name (Printed or typed)

105 SOUTHLAKE DR.  
Address

PALM COAST, FL 32137  
City, State & Zip

386-445-3767  
Daytime Telephone number

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DIVISION OF CORPORATIONS

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

# 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:

CLINICAL RESEARCH TRAINING ONLINE, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

105 SOUTHLAKE DR.  
PALM COAST, FL 32137

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO SELL ONLINE TRAINING PROGRAMS.

## ARTICLE IV SHARES

The number of shares of stock is:

1000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

JOHN F. SNODGRASS 105 SOUTHLAKE DR PALM COAST, FL 32137 PRESIDENT/CEO	NANCY R. SNODGRASS 105 SOUTHLAKE DR PALM COAST, FL 32137 SECRETARY	MICHAEL PIERRO 36 SHORE DR HOPATCONG, NJ 078-
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## ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

JOHN SNODGRASS  
105 SOUTHLAKE DR  
PALM COAST, FL 32137

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JOHN J. SNODGRASS  
105 SOUTHLAKE DR  
PALM COAST, FL 32137

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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

John J. Snodgrass  
Signature/Registered Agent

8/1/05  
Date

John J. Snodgrass  
Signature/Incorporator

8/1/05  
Date

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