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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. J. 9-27

COVER LETTER

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

SUBJECT: Southern Institutional Review Board 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: Rosa M. Fraga

Name (Printed or typed)

6400 S.W. 72 Court

Address

Miami, Florida 33143

City, State & Zip

786-473-3095

Daytime Telephone number

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:

SOUTHERN INSTITUTIONAL REVIEW BOARD SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2060 NW 22 AVENUE, MIAMI, FLORIDA 33142

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO ENGAGE IN ANY ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES AND FLORIDA.

ARTICLE IV SHARES

The number of shares of stock is:

THE CORPORATION IS AUTHORIZED TO ISSUE 100 SHARES, ALL OF ONE CLASS, WITH \$1.00 PAR VALUE.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ROSA M. FRAGA-PRESIDENT

ARTICLE VI REGISTERED AGENT

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

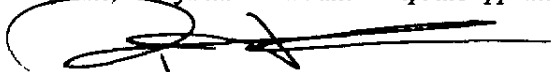
ROSA M. FRAGA
6400 SW 72 COURT
MIAMI, FLORIDA 33143

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ROSA M. FRAGA
6400 SW 72 COURT
MIAMI, FLORIDA 33143

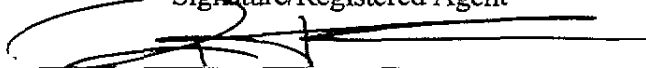
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

9-22-2005

Date



Signature/Incorporator

9-22-2005

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA