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LAZARUS CORPORATE FILING SERVICE

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(Corporation Name)

Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Document #) (Document #) Certified Copy Certificate of Status

Examiner's Initials

(Corporation Name) (Document #) Walk in Photocopy Mail out Will wait **NEW FILINGS AMENDMENTS** Profit Amendment Not for Profit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger **OTHER FILINGS** REGISTRATION/QUALIFICATION Annual Report ☐ Foreign ☐ Fictitious Name Limited Partnership Reinstatement Trademark Other

CR2E031(7/97)



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The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

Center for Clinical Research of South Florida, in

ARTICLE II - PRINCIPAL OFFICE

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: $\frac{1}{1000}$

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Maida R. Ramallo 13741 SW 30 ST Mawi, Fl 33175

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

Maida R. Ramallo

13741 SW 30 ST MIQMI, FL 33175

The undersigned incorporator has executed these Articles of Incorporation this 13 day of Dynamy 200 6

Signature

ARTICLE VI DIRECTOR(S)

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

Maida R. Ramallo (President)
13741 SW 3057
Miami, El 33175

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, 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 related 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 Signature