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SECRETARY OF STA ALLAHASSEE, FLOR

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NECEIVED

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WISHING CORPORATIONS

TAIL TO BE TO SERVICE TO

MAR 25 2008

D. A. WHITE

# **COVER LETTER**

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

SUBJECT: Souther	n Clinical Research Management	and Consulting, Inc.	
	(PROPOSED CORPORA inal and one (1) copy of the artic	TE NAME – <u>MUST INCL</u>	
\$70.00 Filing Fee	☑ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Riling Fee, Certified Copy & Certificate of Status
FROM: Le	nore Beckett Name	(Printed or typed)	·····
	2979 Compton Way	Address	
	Tallahassee, FL 32309	, State & Zip	
	850-264-5760 Daytime	Felephone number	

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

# ARTICLES OF INCORPORATION

FILED

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

08 MAR 25 PM 1: 20

# ARTICLE I NAME

The name of the corporation shall be:

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Southern Clinical Research Management and Consulting , Inc.

# ARTICLE II PRINCIPAL OFFICE

The principle street address and mailing address, if different is:

2910 Kerry Forrest Pkwy D-4-197 Tallahassee, FL 32309

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Clinical Research, Research Management, General Consulting

#### ARTICLE IV SHARES

The number of shares of stock is:

# ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): Lenore Beckett, 2979 Compton Way, Tallahassee, FL 32309, president Charles Beckett, 2979 Compton Way, Tallahassee, FL 32309, vice-president

# ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box **NOT** acceptable) of the registered agent is: Lenore Beckett

2979 Compton Way Tallahassee, FL 32309

#### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: Lenore Beckett 2979 Compton Way Tallahassee, FL 32309

~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	***************
Having been named as registered agent to accept service of process for t	
certificate, I am familiar with and accept the appointment as registered age	nt and agree to act in this capacity
Linou Bickin	3/25/08
Signature Pegistared Agent	Doto

Signature/Registered Agent

3/25/08

Date