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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 AUG -6 A 9 14

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8-7-09
200

COVER LETTER

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

SUBJECT: BOCA Raton Clinical Research Associates, 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: MARIA B. ALTAMIRANO
Name (Printed or typed)

12636 NW 12 Ct
Address

Sunrise, FL 33323
City, State & Zip

305-528-5800
Daytime Telephone number

sandrau@nocoymail.com
E-mail address: (to be used for future annual report notification)

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:

BOCA RATON CLINICAL RESEARCH
ASSOCIATES, INC

ARTICLE II PRINCIPAL OFFICE

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

600 S. Dixie Hwy Ste 200
Boca Raton FL 33432

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in any lawful activity for which the corporation may be formed under the business corporation law.

ARTICLE IV SHARES

The number of shares of stock is:

100 Shares of capital stock, all which are designated as common stock, having no per value per share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Maria B. Altamirano
600 S. Dixie Hwy Ste 200
Boca Raton FL 33432

Carlos Pinoargote S.
600 S. Dixie Hwy Ste 200
Boca Raton , FL 33432

ARTICLE VI REGISTERED AGENT

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

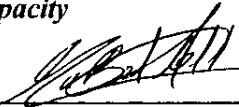
Maria B. Altamirano
12636 NW 12 Ct.
Sunrise, FL 33323

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Maria B. Altamirano
12636 NW 12Ct.
Sunrise, FL 33323

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



Signature/Incorporator

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08/03/2009

Date

08/03/2009

Date