

211000076799

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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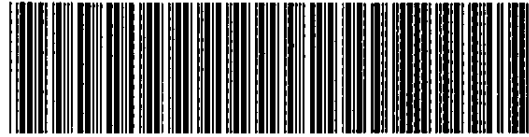
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2011 AUG 29 AM 11:03
NOTARY OF STATE
ALLIANCE IN FLORIDA

J. Shivers AUG 30 2011

COVER LETTER

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

SUBJECT: EMERALD COAST RESEARCH CORP.
(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: SANTAY LABROO
Name (Printed or typed)
28615 WEYBRIDGE DR.
Address
WESTLAKE, OHIO 44145
City, State & Zip
213-910-4386
Daytime Telephone number
Labroo@aol.com
E-mail address: (to be used for future annual report notification)

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314
AUG 29 2001

AUG 29 AM 11:03

FILED

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:

EMERALD COAST RESEARCH CORPORATION

ARTICLE II PRINCIPAL OFFICE

Principal street address

7720 U.S. HWY 98 WEST
SUITE 110
MIRAMAR BEACH, FL 32550

Mailing address, if different is:

28615 WEYBRIDGE DR
WESTLAKE, OHIO
44145

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

- 1) TO DO MEDICAL, CARDIAC RESEARCH IN AFFILIATION WITH UNIVERSITY'S EDUCATIONAL INSTITUTIONS, HEALTHCARE ENTITIES, PHYSICIANS + HEALTHCARE PROFESSIONALS
- 2) DEVELOP AND BUILD MEDICAL CENTER FOR RESEARCH - APPLIED PLANT.
- 3) GIVE + CREATE SCHOLARSHIPS, EDUCATIONAL GRANTS TO FURTHER TEACHING AND EDUCATION

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SANJAY LABROO, PRESIDENT
Address: 28615 WEYBRIDGE DR
WESTLAKE, OHIO
44145

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: SANJAY LABROO
Address: 7720 U.S. HWY 98 WEST, SUITE 110
MIRAMAR BEACH, FL 32550

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LINA HASS
Address: 528 N WOOD ST
GENESEE, IL 601250

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

Sanjay Labroo

Required Signature/Registered Agent

Aug 25, 11

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Lina Hass

Required Signature/Incorporator

Aug 25, 11

Date