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(Requestor's Name)				
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PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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SECRETARY OF STATE

T. Buren JAN 2 4 2012

COVER LETTER

Department of State	
New Filing Section	and the second s
Division of Corporations (1) 100 100 100 100 100 100 100 100 100 1	
P. O. Box 6327	
Tallahassee, FL 32314	
SUBJECT: Global Research Solution	tions Corn
SUBJECT: OIODAI TOGGAIGH CORPORA	ATE NAME - MUST INCLUDE SUFFIX)
(I KOI OSED CORI OKA	TE NAME - MOST INCOOPE SCITING
•	
Enclosed are an original and one (1) copy of the art	ticles of incorporation and a check for:
5	
\$70.00 \$78.75	\$78.75
Filing Fee Filing Fee	Filing Fee,
& Certificate of Status	& Certified Copy Certified Copy
	& Certificate of
	· Status
	ADDITIONAL COPY REQUIRED
FROM: Angela Ramirez	
Nam	e (Printed or typed)
in the first of the second of	
	Suite 208
2021 SE 10th Avenue, S	Address
Fort Lauderdale El 33	316
Fort Lauderdale, FL 33	State & Zip
2-4,	,
954-552-2645	
Daytime 7	Telephone number
•	•
angela ramirez@live.co	om
E-mail address: (to be use	ed for future annual report notification)

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

ARTICLES OF INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE II I	PRINCIPAL OFFICE			
	Principal street address	Mai	ling address, if different is:	
20	21 SE 10th Avenue, Suite 208			
Fo	rt Lauderdale, FL 33316			
_				
RTICLE III P	TIRPOSE			
	ich the corporation is organized is:		38 60 .	
Clinical Trials			<u> </u>	
			FIL JAN 23 PRETARY LAHASSE	
			SS ♣ % =	
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RTICLE IV S	RHARRS			
he number of share			ာ္သည္ ယ္	
			<u> </u>	
	NITIAL OFFICERS AND/OR DIRECTOR		₹ 7 0	
	e:Angela Ramirez President	Name and Title:		
Address:	2021 SE 10th Avenue, Suite 208			
	Fort Lauderdale, FL 33316	-		
	· · · · · · · · · · · · · · · · · · ·	-		
Name and Titl	e:	Name and Title:		
Address:		Address:		
		-		
Name and Titl	e:	Name and Title:		
Address:				
		_		
PTICIEVI I	REGISTERED AGENT			
	da street address (P.O. Box NOT acceptable) of	the registered agent is	e	
Name:	Angela Ramirez	t the regionaled agent is	•	
Address:	2021 SE 10th Avenue, Suite 208	_		
	Fort Lauderdale, FL 33316	_		
	NCORPORATOR			
ne <u>name and addr</u> Name:	ess of the Incorporator is:			
Address:	Angela Ramirez 2021 SE 10th Avenue, Suite 208	_		
11441033.	Fort Lauderdale, FL 33316	-		
	·	_		
	as registered agent to accept service of proces			
us certificate, i am	familiar with and accept the appointment as reg	istered agent and agre	e to act in this capacity	
40000	David		04/00/0040	
ZILIOKOO!	Required Signature/Registered Agent		01/20/2012	
O	Required Signature/Registered Agent		Date	
submit this docum	ent and affirm that the facts stated herein are	true. I am aware tha	ut the false information submitted in	
	artment of State constitutes a third degree felon			
1	7	_ _		
thalk 1	Laury		01/20/2012	
	Required Signature/Incorporator		Date	