

P13000064643

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

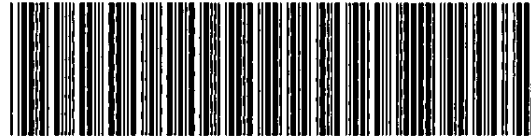
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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07/19/13--01022--001 \*\*105.00

FILED  
13 AUG - 1 PM 12:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

κ 08/06/13

W13-41661



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 24, 2013

JOAQUIN LLANO  
9950 SW 42 STREET  
MIAMI, FL 33165

SUBJECT: CLINICAL RESEARCH APPROACH, CORP  
Ref. Number: W13000041661

We have received your document for CLINICAL RESEARCH APPROACH, CORP and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Certificate of Conversion must contain the name of the corporation as set forth in the Florida Articles of Incorporation.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED. ✓

The person designated as incorporator in the document and the person signing as incorporator must be the same. ✓

Please verify the Last Name of the Registered Agent; there appears to be a letter missing. ✓

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 113A00017958

RECEIVED  
13 AUG - 1 AM 9:00  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA 32309

**COVER LETTER**

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** Clinical Research Approach .Corp

Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

Joaquin LLano

Contact Person

Firm/Company

9950 SW 42 Street

Address

Miami, FL 33165

City, State and Zip Code

ismette@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joaquin LLano at ( 305 ) 450-985

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$105.00 Filing Fees

☐ \$113.75 Filing Fees  
and Certificate of  
Status

☐ \$113.75 Filing Fees  
and Certified Copy

☐ \$122.50 Filing Fees,  
Certified Copy, and  
Certificate of Status

**STREET ADDRESS:**

Charter Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Charter Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**Certificate of Conversion**  
For  
**"Other Business Entity"**  
Into  
**Florida Profit Corporation**

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following **"Other Business Entity"** into a **Florida Profit Corporation** in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is: (L10-75584)

**Clinical Research Approach L.L.C.**

Enter Name of Other Business Entity

2. The "Other Business Entity" is a **Limited Liability Company**  
(Enter entity type. Example: limited liability company, limited partnership,  
general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of **Florida**  
(Enter state, or if a non-U.S. entity, the name of the country)

on **04/01/2008**  
Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation:**

**Clinical Research Approach Corp**

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: \_\_\_\_\_  
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

Signed this 17 day of July, 2013.

**Required Signature for Florida Profit Corporation:**

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: Julie Arrubla

Printed Name: Julie Arrubla Title: President

**Required Signature(s) on behalf of Other Business Entity:** [See below for required signature(s).]

Signature: Julie Arrubla  
Printed Name: Julie Arrubla Title: President

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners.

**If Florida Limited Liability Company:**

Signature of a Member or Authorized Representative.

**All others:**

Signature of an authorized person.

**Fees:**

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: Clinical Research Approach Corp

**ARTICLE II    PRINCIPAL OFFICE**

The principal place of business/mailling address is:

Principal street address

951 Brickell Ave apt 2207

Miami, FL 33131

Mailing address, if different is:

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

All Legal and Lawful Purpose

**ARTICLE IV    SHARES**

The number of shares of stock is: 100

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Julie Arrubla. President

Address: 951 Brickell ave apt 2207

Miami, FL 33131

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: Joaquin LLano

Address: 9950 SW 42 St

Miami, FL 33165

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**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Joaquin LLano  
Address: 9950 SW 42 ST  
Miami , FL 33165

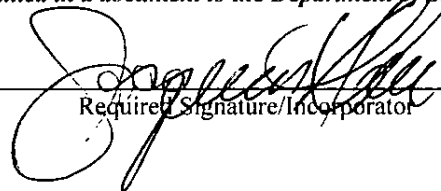
\*\*\*\*\*

*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*

  
Required Signature/Registered Agent

7-17-13  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any 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.*

  
Required Signature/Incorporator

7-17-13  
Date

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**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**