

MAR/26/2014/WED 11:26
3/26/2014

PA00007362
F No. 001/003
Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000072704 3)))



H140000727043AECZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I200000000146
Phone : (305) 444-4994
Fax Number : (305) 444-4977

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
SUPERIOR CLINICAL RESEARCH, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

RECEIVED

14 MAR 26 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
14 MAR 26 AM 6:32
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: SUPERIOR CLINICAL RESEARCH, INC.

ARTICLE II PRINCIPAL OFFICE
Principal street address

13080 SW 248TH ST
STE 9
MIAMI, FL 33032

Mailing address, if different is:

13080 SW 248TH ST
STE 9
MIAMI, FL 33032

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ANY AND ALL LAWFUL PURPOSE

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: (P) VICTOR M. FAGUNDO

Address: 13080 SW 248TH ST
STE 9
MIAMI, FL 33032

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

14 MAR 26 AM 6:32
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAR/26/2014/WED 11:27 AM

FAX No.

P. 003/003

(cont.)

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: VICTOR M. FAGUNDO
Address: 13080 SW 248TH ST STE 9
MIAMI, FL 33032

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: VICTOR M. FAGUNDO
Address: 13080 SW 248TH ST STE 9
MIAMI, FL 33032

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

(X) [Signature]
Required Signature/Registered Agent

03/24/2013

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.

(X) [Signature]
Required Signature/Incorporator

03/24/2013

Date

FILED
14 MAR 26 AM 6:32
SECRETARY OF STATE
TALLAHASSEE FLORIDA