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Division of Corporations

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: (850)617-6381

From:

Account Name

: LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

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FLORIDA PROFIT/NON PROFIT CORPORATION HOPE CLINICAL TRIALS INC

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

Help

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10/19/2033	Ó7:03

NCORPORATION H150002003

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)
ARTICLE I NAME: The name of the corporation is:
Hope Clinical Trials Inc
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is: 850 SW 142 Ave Miomi FL 33184
ARTICLE III SHARES: The number of shares of stock is: 100
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
Adalberto Portieles - P
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
Haalberto Portieles
Miami FL 33184
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is: Add borto Portleles
850 SW 142 Ave
Migni FL 33184

Required Signatures:

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

Registered Agent 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 followed provided for in s.817.155, F.S.

Interportur Date