

11/30/2033

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**FLORIDA PROFIT/NON PROFIT CORPORATION  
SUNSHINE CLINICAL RESEARCH, CORP.**

Certificate of Status	0
Certified Copy	1
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Corporate Filing Menu

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**ARTICLES OF INCORPORATION**

IN ACCORDANCE WITH chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE

**SUNSHINE CLINICAL RESEARCH , CORP.**

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS / MAILING ADDRESS IS:

**2141 SW 1 ST. SUITE # 107  
MIAMI, FL 33135**

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGNIZED IS:

**THIS CORPORATION MAY ENGAGE IN ANY AND LAWFUL  
BUSINESS IN THE INDUSTRY PERMITTED UNDER THE LAWS  
OF THE USA, THE STATE OF FLOR ANY OTHER STATE,**

ARTICLE IV SHARES

THE NUMBERS OF SHARES OF STOCKS IS:

**100 – SHARES \$ 10.00 PAR VALUE**

ARTICLE V INITIAL OFFICERS / DIRECTORS

THE NAME (S) AND ADDRESS (ES):

**OMAR BENITEZ (P. D.)  
50 SHARES HOLDER  
2141 SW 1 ST . SUITE # 107  
MIAMI, FL 33135**

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MARIA TESTA (VP. D.)  
50-SHARES HOLDER  
2141 SW 1 ST. SUITE 107  
MIAMI, FL. 33135

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ARTICLE VI REGISTERED AGENT

The name and Florida Street address of the registered agent is:

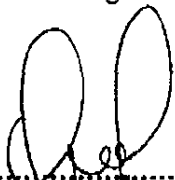
OMAR BENITEZ (P. D.)  
2141 SW 1 ST. SUITE # 107  
MIAMI, FL 33135

ARTICLE VII INCORPORATOR

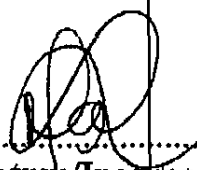
The name and address of the Incorporator is:

MARIA TESTA (VP. D.)  
2141 SW 1 ST. SUITE 107  
MIAMI, FL. 33135

.....  
Having been named as registered agent to accept services 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

.....  
  
.....  
Signature/Registered Agent

.....1-15-2016.....  
Date

.....  
  
.....  
Signature/Incorporator

.....1-15-2016.....  
Date

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