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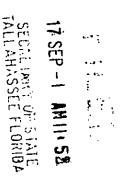
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COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: Rubin &	ELichtenberger Clinical Research ar	nd Educational Services, LLC	
NOBSECT:	(PROPOSED CORPOR)	ATE NAME – <u>MUST INCL</u>	ÜDE SÜFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	l a check for:
□ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	■ \$87.50 Filing Fee. Certified Copy & Certificate of Status
		ADDITIONAL COPY REQUIRED	
FROM:	nria del Carmen Lichtenberger Nam	e (Printed or typed)	
148	365 SW 114 Terr		
		Address	
Mı	ami, FL 33196	. State & Zip	·
303	5-752-4898	. Other Ce zap	
	Daytime '	Telephone number	
mc	licht@msn.com		
	E-mail address: (to be use	d for future annual report i	notification)

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

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

ARTICLE 1 NAME. The name of the corpora		nical Research and E	ducational Services, LLC
ARTICLE II PRINC	<u>CIPAL OFFICE</u> Principal <u>street</u> address		Mailing address, if different is:
14865 SW 114 Terr			
Miami, FL 33196			
	OSE the corporation is organized is:		
agreements and budget	s, perform study coordination, manage b	illing and monitor sp	onsor payments. Provide research
site staff training on co	mpliance with regulatory guidelines, org	anizational and man	igement skills.
		Name and Title Address:	Bruce Rubin Medical Director 2127 Brickell Ave. Apt # 1805 Miami, FL 33129
Name and Title Address		Address:	
Name and Title Address		Address:	N

Name a	and Title:	Name and Title:
Addre	ss	Address:
	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT acceptab	le) of the registered agent is:
ame:	Maria del Carmen Lichtenberger	
ddress:	14865 SW 114 Terr	
	Miami, FL 33196	P. SEP
RTICLE VII	<u>INCORPORATOR</u>	T. SEP - 1 MILES TALE SECRETARY OF STATE ALLAHASSEE FLORID
e <u>name and :</u>	address of the Incorporator is:	
Name:	Maria del Carmen Lichtenberger	
Address: 14865 SW 114 Ter	14865 SW 114 Terr	₩'
	Miami, FL 33196	<u> </u>
fective date.	EFFECTIVE <u>DATE:</u> if other than the date of filing: date is listed, the date must be specific and ca	(OPTIONAL) unnot be more than five days prior or 90 days after the
o <u>te:</u> If the da	te inserted in this block does not meet the applic effective date on the Department of State's reco	able statutory filing requirentents, this date will not be listed as rds.
is certificate,	I am familiar with and accept the appointment a	ocess for the above stated corporation at the place designated i is registered agent and agree to act in this capacity
Zu	anie care C fichtantier for	August 28, 2017
	Required Signature/Registered Agent	Date
submit this de cument to the		are true. I am aware that the false information submitted in
Se.	uired Signature Ancorporator	August 28, 2017
Rea	uired Signature Incorporator	Date