

PI800039530

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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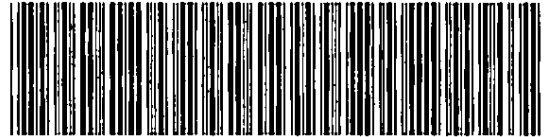
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 03 2018
C Kinsey

COVER LETTER

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

SUBJECT: CLINICAL Development Associates Inc.

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

OPTIONAL:

Certificate of Status \$ 8.75

SUZANNE M. COWLEY
Name (printed or typed)

8144 FIRST COAST HIGHWAY Unit 107
Address

FERNANDINA BEACH, FL. 32034
City, State & Zip

804-370-3711
Daytime Telephone Number

Cowley1@rcn.com
E-mail address: (to be used for future annual report notification)

CERTIFICATE OF DOMESTICATION

The undersigned, SUZANNE M. COWLEY, President (Name) (Title) (Sc)
of CLINICAL Development Associates, Inc. a foreign corporation,
(Corporation Name)
in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was September 7, 1995.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was County of Henrico, VIRGINIA.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was N/A.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is CLINICAL DEVELOPMENT ASSOCIATES, INC.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was 10802 BREWINGTON ROAD
COUNTY OF HENRICO, VIRGINIA Richmond, VA 23226
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am President & CEO, of Clinical Development Associates, Inc.
and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done
so this the 27 day of March, 2018, 2018 (Sc)

Suzanne M. Cowley
(Authorized Signature)

Filing Fee:	
Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

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TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

Clinical Development Associates, Inc.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

Mailing Address

3144 First Coast Hwy
Unit # 107
Fernandina Beach,
Florida 32034

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Consulting business

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ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 1,000 shares

Class(es)
Common

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Title/Name

President and CEO
SUZANNE M. COWLEY
8144 First Coast Hwy, unit 107
Fernandina beach, FL 32034

Title/Name

Title/Name

Vice President
Michael G. Cowley
8144 First Coast Hwy, Unit 107
Fernandina beach, FL 32034

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

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ALLAHSEE, FLORIDA

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

SUZANNE M. COWLEY
8144 First Coast Hwy Unit 107
Fernandina Beach, FL, 32034

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ALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

SUZANNE M. COWLEY
8144 FIRST COAST HWY Unit 107
Fernandina Beach, FL. 32034

HAVING BEEN NAMED AS REGISTERED AGENT AND 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.

SUZANNE M. COWLEY
Signature/Registered Agent

3/27/2018
Date

SUZANNE M. COWLEY
Signature/Incorporator

3/27/2018
Date