

P230000010498

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(City/State/Zip/Phone #)

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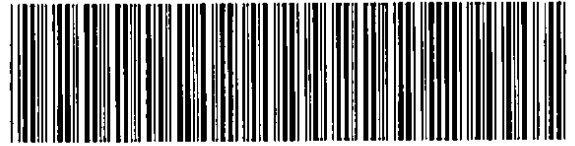
(Business Entity Name)

(Document Number)

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ALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: REACH CATALYST CRO. INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: MCDOWELL, BRIAN

Name (Printed or typed)

789 SW FEDERAL HIGHWAY S217

Address

STUART FL 34994 US

City, State & Zip

561-329-8149

Daytime Telephone number

INFO@REACHCATALYST.COM

E-mail address: (to be used for future annual report 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 I NAME

The name of the corporation shall be: REACH CATALYST CRO

INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

789 SW FEDERAL HIGHWAY, S 217

STUART, FLORIDA 34994 US

INFO@REACHCATALYST.COM

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: LIFE SCIENCE DEVELOPMENT

ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MGRM
MCDOWELL, BRIAN A

Name and Title: MGRM

BILLY, JOHNSON A

Address: 789 SW FEDERAL HIGHWAY S217
STUART, FL 34994 US

Address: 252 BRIER CIRCLE

JUPITER, 33458 US

Name and Title: MGR
LITZ, TERRYLYN A

Name and Title: _____

Address: 2644 HAULOVER BLVD
DELTONA, FL 32738 US

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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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: MCDOWEL BRIAN A
Address: 789 SW FEDERAL HIGHWAY S217
STUART, FL 34994 US

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: BRIAN MCDOWELL
Address: 789 SW FEDERAL HIGHWAY S217
STAURT, FL 34994 US

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

BRIAN A, MCDOWELL *Brian m m*
Required Signature/Registered Agent
02-06-2023
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.

BRIAN A, MCDOWELL *Brian m*
Required Signature/Incorporator
02-06-2023
Date