26727

Department of State Division of Corporations

P. O. Box 6327 Tallahassee, FL 32314				
	ialBase Systems, Inc (Proposed con	porate name - mist include suffix	()	
			002463355 -03/20/980105502 ****122.50 ****122.	
Enclosed is an original a	and one(1) copy of the articles	s of incorporation and a check	IOI .	•
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	✓ S122.50 Filing Fee & Certified Copy	\$131.25 iling Fee, Certified Copy & Certificate	
		ADDITIONAL COPY	REQUIRED	
FROM: _	D. Robert Wells	Printed or typed)	- ar is on a s _e	=
	501 NE First Aven		98 SECIN	
	·	Address 132 y State & Zip	MAR 20 PH 12: 53 ETARY OF STATE AHASSEE, FLORIDA	
	305-577-3444			

JN 2-22-98

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

Daytime Telephone number

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

NAME ARTICLE I

The name of the corporation shall be:

TrialBase Systems, Inc.

PRINCIPAL OFFICE ARTICLE II

The principal place of business and mailing address of this corporation shall be:

501 NE First Avenue, Suite 200 Miami, Florida 33132

SHARES ARTICLE III

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 shares of no par value

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

D. Robert Wells, Esq.

501 NE First Avenue, Suite 200

Miami, Florida 33132

INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

D. Robert Wells

501 NE First Avenue, Suite 200

Miami, Florida 33132

Signature/Incorporator

(An additional article must be added if an effective date is requested.)

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 hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position of registered agent

Signature/Registered Agent

Date