

Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax and e-mail addresses (shown below) on the top and bottom of the pages of the document.

((H24000242183 3)))



H240002421833ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : CG TAX, INC.  
Account Number : I19990000017  
Phone : (305)485-9300  
Fax Number : (305)485-1098

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.  
HEAL CLINICAL RESEARCH, LLC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED  
CORPORATIONS  
DIVISION  
JUL 17 2024

2024 JUL 17 AM 10:47

RECEIVED  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FL

2024 JUL 17 PM 1:07

FILED

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY  
OF**

**HEAL CLINICAL RESEARCH, LLC.**

**ARTICLE I - NAME**

The name of the Limited Liability Company is:

**HEAL CLINICAL RESEARCH, LLC.**

**ARTICLE II - ADDRESS**

The principal office of the Limited Liability Company is:

**7270 NW 12<sup>ND</sup> ST STE 440  
MIAMI FL. 33126**

The mailing address shall be:

**7270 NW 12<sup>ND</sup> ST STE 440  
MIAMI FL. 33126**

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED  
AGENT'S SIGNATURE:**

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

**IRAIMA FLORES**

**7270 NW 12<sup>ND</sup> ST STE 440**  
Florida Street address (P.O.BOX NOT acceptable)  
**MIAMI FL. 33126**  
City, State, and Zip

SECRETARY OF STATE  
TALLAHASSEE, FL

2024 JUL 17 PM 1:07

**FILED**

Having been named as registered agent and to accept service of process for the above stated limited liability company 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 as registered agent as provided for in Chapter 605, F.S.

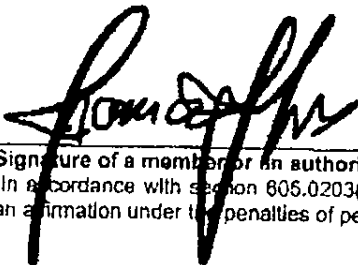
  
REGISTERED AGENT'S SIGNATURE

#### ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

IRAIMA FLORES  
900 BISCAYNE BLVD #5504  
MIAMI FL. 33132

AMBR



Signature of a member or an authorized representative of a member.  
(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

IRAIMA FLORES

SECRETARY OF STATE  
TALLAHASSEE, FL

2024 JUL 17 PM 1:07

FILED