

L 10000038647

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

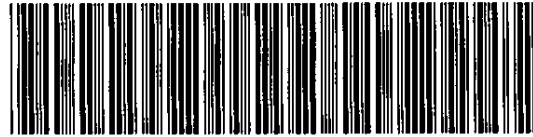
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600173801346

04/19/10--01002--002 \*\*55.00

RECEIVED

10 APR 16 PM 4:32

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 APR 16 AM 9:22

B. KOHR

APR 19 2010

EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: KATIE WONSCH

DATE: 04/16/2010

REF. #: RA3693.123314

CORP. NAME: MID-ATLANTIC HYDROXYL TECHNOLOGY, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 APR 16 AM 9:22

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION                | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT                            | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME         |
| <input type="checkbox"/> FOREIGN QUALIFICATION                    | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT                            | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION              |   |  |
| <input checked="" type="checkbox"/> OTHER: ARTICLES OF CORRECTION |   |  |

STATE FEES PREPAID WITH CHECK# 534533 FOR \$ 55.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

## ARTICLES OF CORRECTION FOR

Pursuant to section 608.4115, F.S., this document is being submitted **within the required 30 business days** to correct the **attached** articles of organization or application to transact business in Florida.

**FIRST:** The name of the limited liability company is:  
Mid-Atlantic Hydroxyl Technology, LLC

**SECOND:** The articles of organization or the application to transact business

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT**

☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:  
Managers listed were incorrect

see attached

OR

☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: April 16, 2010

Signature of a member or authorized representative of a member

Edwin E Walrad

Typed or printed name of signer

**Filing Fee: \$25.00**  
**Certified Copy: \$30.00 (optional)**

CR2E062 (08/05)

11-10-50  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L10000038647  
FILED 8:00 AM  
April 09, 2010  
Sec. Of State  
Isellers

**Article I**

The name of the Limited Liability Company is:  
MID-ATLANTIC HYDROXYL TECHNOLOGY, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
14505 COMMERCE WAY  
SUITE 400  
MIAMI LAKES, FL. 33016

The mailing address of the Limited Liability Company is:  
14505 COMMERCE WAY  
SUITE 400  
MIAMI LAKES, FL. 33016

**Article III**

The purpose for which this Limited Liability Company is organized is:  
ANY AND ALL LAWFUL BUSINESS.

**Article IV**

The name and Florida street address of the registered agent is:  
CORPDIRECT AGENTS, INC  
515 EAST PARK AVENUE  
TALLAHASSEE, FL. 32301

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.

Registered Agent Signature: KATIE WONSCH, ASSISTANT SECRETARY

FEIN: 27-2307688

## Article V

The name and address of managing members/managers are:

Title: MGR  
EDWIN E WALRAD  
14505 COMMERCE WAY, SUITE 400  
MIAMI LAKES, FL. 33016

Title: MGR  
ED BEDNARZ  
27761 VILLA ROAD  
EASTON, MD. 20601

Title: ~~MGR~~  
~~THOMAS MCARDLE~~  
~~14505 COMMERCE WAY, SUITE 400~~ Remove  
~~MIAMI LAKES, FL. 33016~~

Title: MGR  
CAROLYN BAILEY  
14505 COMMERCE WAY, SUITE 400 Remove  
MIAMI LAKES, FL. 33016

Title: ~~MGR~~  
~~TIMOTHY GIPE~~  
~~14505 COMMERCE WAY, SUITE 400~~ Remove  
~~MIAMI LAKES, FL. 33016~~

## Article VI

The effective date for this Limited Liability Company shall be:

04/07/2010

Signature of member or an authorized representative of a member

Signature: EDWIN E WALRAD

Add: Manager

Kevin Mordano

7306 Pomander Lane

Cherry Chase, MD 20815

L10000038647  
FILED 8:00 AM  
April 09, 2010  
Sec. Of State  
Isellers