L13000032933

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 MAR -4 AM 8:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED
13 MAR -4 AM 8:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

February 11, 2013

SHAWN P. WEIKER
C/O SHAWN P. WEIKER
4247 FOREST BLVD.
JACKSONVILLE, FL 32246

SUBJECT: EVOLUTION OF HEALTH SOLUTIONS L.L.C.
Ref. Number: W13000008342

We have received your document for EVOLUTION OF HEALTH SOLUTIONS L.L.C. and your check(s) totaling $130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please have the Registered Agent sign the acceptance statement, and have a Member or Authorized Representative sign the last page of the document.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Buck Kohr
Regulatory Specialist II

Letter Number: 413A00003340

(850) 245-6051.

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Evolution of Health Solutions L.L.C.
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

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13 MAR -4 AM 8:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Shawn P. Weiker
Name of Person

% Shawn P. Weiker
Firm/Company

4247 Forest Blvd.
Address

Jacksonville, Florida, 32246
City/State and Zip Code

sweiker.ehs+sunbiz@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shawn P. Weiker at (904) 469-1115
Name of Person — Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ $125.00 Filing Fee
- ■ $130.00 Filing Fee & Certificate of Status
- ☐ $155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- ☐ $160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Evolution of Health Solutions L.L.C.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	**Mailing Address:**
% Shawn P. Weiker	% Shawn P. Weiker
4247 Forest Blvd.	4247 Forest Blvd.
Jacksonville, FL, 32246	Jacksonville, Fl, 32246

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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08 MAR -4 AM 8:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Shawn P. Weiker
Name

4247 Forest Blvd.
Florida street address (P.O. Box **NOT** acceptable)

Jacksonville, Fl, 32246 FL
City, State, and Zip

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 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	**Name and Address:**
"MGR" = Manager "MGRM" = Managing Member	
CEO/MGR	Shawn P. Weiker 4247 Forest Blvd. Jacksonville, Fl, 32246

(Use attachment if necessary)

ARTICLE V: 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 business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any 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.)

Shawn P. Weiker

Typed or printed name of signee

Filing Fees:

$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
$ 30.00 Certified Copy (Optional)
$ 5.00 Certificate of Status (Optional)