

L13000149396

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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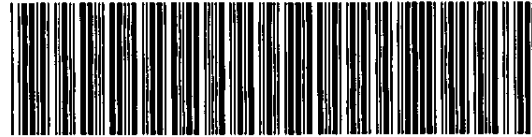
(Business Entity Name)

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2013 OCT 28 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 29 2013

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **EVOLVES Vascular Labs, LLC**

Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Penny K. Every

Name of Person

Jeffrey C. Sweet, Esquire

Firm/Company

595 W. Granada Blvd., Suite A

Address

Ormond Beach, FL 32174

City/State and Zip Code

ccardio164@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Penny K. Every

Name of Person

at (**386**) **677-3431**

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

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:
EVOLVES Vascular Labs. LLC

L13000149396

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:

The correct name of the Limited Liability Company is:

EVOLVES Vascular Lab, LLC

OR



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

Dated: October 24, 2013

✓ William H. Johnson, III

Signature of a member or authorized representative of a member

William H. Johnson, III

Typed or printed name of signee

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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

L13000149396
FILED 8:00 AM
October 23, 2013
Sec. Of State
jshivers

Article I

The name of the Limited Liability Company is:
EVOLVES VASCULAR LABS, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
588 STERTHAUS AVE.
ORMOND BEACH, FL. 32174

The mailing address of the Limited Liability Company is:
588 STERTHAUS AVE.
ORMOND BEACH, FL. 32174

Article III

The purpose for which this Limited Liability Company is organized is:
MEDICAL LAB

Article IV

The name and Florida street address of the registered agent is:
JOHN B HOLT
588 STERTHAUS AVE.
ORMOND BEACH, FL. 32174

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: JOHN B. HOLT

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TALLAHASSEE, FLORIDA

Article V

The name and address of managing members/managers are:

Title: MGR
JOHN B HOLT
588 STERTHAUS AVE.
ORMOND BEACH, FL. 32174

Title: MGR
WILLIAM H JOHNSON III
588 STERTHAUS AVE.
ORMOND BEACH, FL. 32174

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Article VI

The effective date for this Limited Liability Company shall be:

10/23/2013

Signature of member or an authorized representative of a member

Electronic Signature: JOHN B. HOLT

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

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TALLAHASSEE, FLORIDA