

L14 000077754

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Facial & Oral Surgical Solutions LLC  
Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Stone R Thayer

Name of Person

Facial & Oral Surgical Solutions

Firm/Company

400 Treemonte Drive

Address

Orange City, FL 32763

City/State and Zip Code

stonethayer@gmail.com

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

For further information concerning this matter, please call:

Stone R Thayer

Name of Person

at ( 214 )

Area Code

770 1840

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

CR2E062 (2/14)

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

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

**FIRST:** The name of the limited liability company is: Facial & Oral Surgical Solutions LLC

**SECOND:** The Florida Document number of the limited liability company is: L14000077754

**THIRD:** Document to be corrected is:  
Articles Of Organization for Florida Limited Liability Company

**(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:

Contains multiple incorrect statements. Reason: Filing Error by Attorney.

Please see the attached pages ( ) for details and correct them in your records.

Thanks.

**OR**

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

**OR**

The electronic transmission of the record was defective.

Signature of Authorized Representative

Jun 11, 2014

Date

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

Attachment To STATEMENT OF CORRECTION FOR FLORIDA LLC  
 FL Document number : L14000077754

**ARTICLE I : NAME:**

Incorrect Statement	Reason	Correct Statement
Facial & Oral Surgical Solutions LLC	Filing Attorney Error	FACIAL & ORAL SURGICAL SOLUTIONS PLLC

**ARTICLE II : ADRESS**

**a) Principle Office Address**

Incorrect Statement	Reason	Correct Statement
11715 SW 81st Road Pinecrest, FL 33156	Filing Attorney Error	400 TREEMONTE DRIVE ORANGE CITY, FL 32763

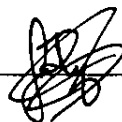
**b) Mailing Address**

Incorrect Statement	Reason	Correct Statement
11715 SW 81st Road Pinecrest, FL 33156	Filing Attorney Error	400 TREEMONTE DRIVE ORANGE CITY, FL 32763

**ARTICLE III Registered Agent, Registered Office, & Registered Agent's signature:**

Incorrect Statement	Reason	Correct Statement
Stone R Thayer 11715 SW 81st Road Pinecrest, FL 33156	Filing Attorney Error	STONE R THAYER 400 TREEMONTE DRIVE ORANGE CITY, FL 32763

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 relative 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. Or, if this document is being filed to merely a change in the registered office address, I hereby confirm that the Limited liability Company has been notified in writing of this change.



Signature of the Registered Agent

1 of 2

**Article IV : Persons Authorized to manage and control the Company**

<b>Incorrect Statement</b>	<b>Reason</b>	<b>Correct Statement</b>
Title : AMBR Stone R Thayer 11715 SW 81st Road Pinecrest, FL 33156	Filing Attorney Error	AMBR STONE R THAYER 400 TREEMONTE DRIVE ORANGE CITY, FL 32763
Title: AMBR David T Turbyfill 761 Virginia drive Winter Park FL 32792	Filing Attorney Error	AMBR DAVID T TURBYFILL 400 TREEMONTE DRIVE ORANGE CITY, FL 32763

**ARTICLE V: EFFECTIVE DATE : PLEASE ADD EFFECTIVE DATE as May 15, 2014**

<b>Incorrect Statement</b>	<b>Reason</b>	<b>Correct Statement</b>
Effective Date : Not specified	Filing Attorney Error	<b>Effective Date: May 15, 2014</b>

**Article VI: STATEMENT OF PURPOSE**

To provide Surgical services : Surgery of the Face, Head and Neck and associated structures, Reconstructive Surgery, and to engage in any other lawful business for which a Professional Limited Liability Company may be Organized in the State of Florida.

Signature:



\_\_\_\_\_  
Signature of Authorized Member

**STONE R THAYER**

\_\_\_\_\_  
Name of signee

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

L14000077754  
FILED 8:00 AM  
May 13, 2014  
Sec. Of State  
thampton

**Article I**

The name of the Limited Liability Company is:  
FACIAL & ORAL SURGICAL SOLUTIONS LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
11715 SW 81ST ROAD  
PINECREST, FL. 33156

The mailing address of the Limited Liability Company is:  
11715 SW 81ST ROAD  
PINECREST, FL. 33156

**Article III**

The name and Florida street address of the registered agent is:  
STONE R THAYER  
11715 SW 81ST ROAD  
PINECREST, FL. 33156

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: STONE R. THAYER

## Article IV

The name and address of person(s) authorized to manage LLC:

Title: AMBR  
STONE R THAYER  
11715 SW 81ST ROAD  
PINECREST, FL. 33156

Title: AMBR  
DAVID T TURBYFILL  
761 VIRGINIA DRIVE  
WINTER PARK, FL. 32792

Signature of member or an authorized representative:

Electronic Signature: PHILIP BOGART

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.

L14000077754  
FILED 8:00 AM  
May 13, 2014  
Sec. Of State  
thampton