

L14 00007754

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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

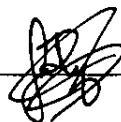
b) Mailing Address

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

Incorrect Statement	Reason	Correct Statement
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

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

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

2 of 2

**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