

**L 14000120585**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

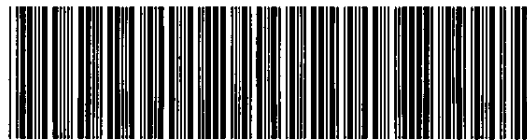
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

*[Signature]*  
9/25/14

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Wholesale Drug Testing.Com, 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:

Jodi Eaton

Name of Person

Wholesale Drug Testing.Com, LLC

Firm/Company

1379 North Killian Drive, STE A

Address

Lake Park, FL 33403

City/State and Zip Code

jodi@wholesaledrugtesting.com

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

For further information concerning this matter, please call:

Jodi Eaton

561

379.7609

Name of Person

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 13, 2014

Jodi Eaton  
1379 North Killian Drive, STE A  
Lake Park, FL 33403

SUBJECT: WHOLESALE DRUG TESTING.COM LLC  
Ref. Number: L14000120585

We have received your document for WHOLESALE DRUG TESTING.COM LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Elliott R McCaskill  
Registration Specialist II

Letter Number: 614A00017317

FILED  
14 SEP 17 PM 3:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: Wholesale Drug Testing.Com, LLC

**SECOND:** The Florida Document number of the limited liability company is: L14006120585

**THIRD:** Document to be corrected is:  
Articles of Organization

**(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:

Address was incorrect at filing. Correct address is 1379 North Killian Drive,

~~Suite A~~ Lake Park, Florida 33403.

Suite 1

**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

Jodi J. Eaton

Date

9/17/2014

RECEIVED  
TALLAHASSEE, FLORIDA  
SEP 17 2014

14 SEP 17 PM 3:57

FILED

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