

L190000061139

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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19 MAR 11 AM 11:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



MAR 11 2019  
T SCHROEDER

Miramar, FL. January 2019

FLORIDA DEPARTMENT OF STATE

Division of Corporations

Subject: Evolve International Corp. / Evolve Medical L.L.C

Ref. Number: W18000087457

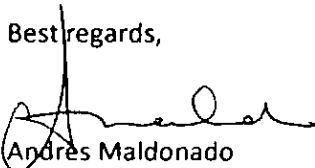
Letter Number: 918A00020459

Dear Mrs. Terri. J Schroeder  
Regulatory Specialist III

I have received the document back for EVOLVO MEDICAL LLC and the receipt confirmation of my check for \$155.00 for entity conversion.

After reviewing the reasons of returning and speaking with a representative of the Division of Corporations, I realized that EVOLVO INTERNATIONAL CORP., the name of the "Other Business Entity" immediately prior to the filling of the Articles of Conversion, is no longer active. Therefore, instead of filling for conversion, I would need to file a new entity instead. That's being said, I would like to use that amount (\$155.00) to open a new entity (already filed), EVOLVO MEDICAL L.L.C.

Best regards,



Andres Maldonado

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Evolvo Medical L.L.C

(Must contain 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:

13109 SW 44<sup>th</sup>  
Miramar, FL  
33027

### Mailing Address:

21 Cross St.  
Malden, MA  
02148

## 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.)

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

Andres Maldonado  
Name  
13109 SW 44<sup>th</sup>  
Florida street address (P.O. Box **NOT** acceptable)  
Miramar FL 33027  
City Zip

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*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 605, F.S.*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

B D M  
Business Development  
Manager

**Name and Address:**

Andrés Maldonado  
13109 SW 44 St  
Miramar, FL 33027

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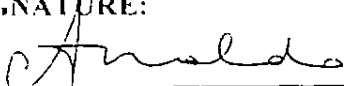
(Use attachment if necessary)

**ARTICLE V: Other provisions, if any.**

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**TALLAHASSEE, FLORIDA**

**REQUIRED SIGNATURE:**



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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Andrés Maldonado

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)**