

L21000037184

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

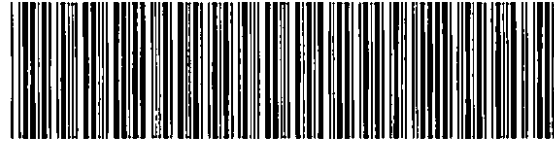
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: E SQUARED MEDICAL, LLC LIMITED LIABILITY COMPANY

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

N MICHAEL D'ANGELO

Name of Person

D'ANGELO & ASSOCIATES, LLC

Firm/Company

100 LINDEN STREET

Address

OAKLAND, IOWA 51560

City/State and Zip Code

dangeloassociatestax@gmail.com

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

For further information concerning this matter, please call:

Michael D'Angelo

402

319-7054

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 21, 2021

MICHAEL D'ANGELO
D'ANGELO & ASSOCIATES, LLC
100 LINDEN STREET
OAKLAND, IA 51560

We have received your document for E SQUARED MEDICAL, LLC and check(s) totaling \$100.00. However, your check(s) and document are being returned for the following:

The filing fee is \$125.00 for a new LLC.

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) 245-6052.

Neysa Culligan
Regulatory Specialist III

Letter Number: 621A00001352

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SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE OF ORGANIZATION

OF

E SQUARED MEDICAL, LLC

The undersigned subscriber to these Article of Organization hereby forms and establish a Limited Liability Company pursuant to section 605.0201, Florida Statutes.

ARTICLE 1:

The name of the Limited Liability Company shall be E SQUARED MEDICAL, LLC.

ARTICLE 2:

The mailing address and the street address of the principal office of the limited liability company in Florida is: 1352 Lake Baldwin Lane Apt A, Orlando, Florida 32814.

ARTICLE 3:

The name and Florida street address of the limited liability company's registered agent is Esther Han 1352 Lake Baldwin Lane Apt A, Orlando, Florida 32814.

ARTICLE 4:

The Limited Liability Company shall commence on the date that these Article of Organization are filed with the Division of Corporations and its existence shall be perpetual.

ARTICLE 5:

The name and address of the person authorized to manage and control the Limited Liability Company is Esther Han 1352 Lake Baldwin Lane Apt A, Orlando, Florida 32814.

ARTICLE 6:

The management of the limited liability company shall be vested in Esther Han, MGR., who is authorized to manage and control the company.

ARTICLE 7:

NATURE OF BUSINESS:

The Limited Liability Company shall have the power to engage, and to do any lawful act concerning any and all lawful businesses for which Limited Liabilities Companies may be organized under the Act.

ARTICLE 8:

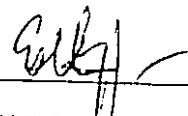
The total amount of cash contributed to the company as initial capital by the initial member of the company is \$1000.00.

IN WITNESS WHEREOF, the undersigned has hereunto set her hands this 7th day of January, 2021.



ESTHER HAN, MGR

Having been named as registered agent to accept service of process for the above stated Limited Liability Company at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.



ESTHER HAN, Registered Agent

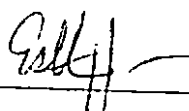
1/7/21
Date

SECRETARY OF STATE
TALLAHASSEE, FL

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I submit this document and affirm that the facts stated herein are true. I am aware that the false state information submitted in a document to the Department of State constitutes a third- degree felony as provided for in Section 817.155, FS.



ESTHER HAN, Organizer

1/7/21
Date