L 23 000557470

(Re	equestor's Name)
	dd-coo'V
(AC	ddress)
(Ac	ddress)
(Ci	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	
(Bu	usiness Entity Name)
(0.	
(DC	ocument Number)
Certified Copies	Certificates of Status
	 -
Special Instructions to Filin	ng Officer:
	Į.

Office Use Only



800420633318



5.623

, 7: 7:2

CT CORP (850) 656- 4724 3558 lakesore Drive Tallahassee, FL 32312

D	ate:	12/20/2023	- w: () W
		Acc#I2016000007	<u></u> 4: () = V
Name:	Evolved S	cience Naples, PLLC	
Document #:			
Order #:	15285099	- 1	
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing:			
Certified Copy of			
Apostille/Notarial Certification:		Country of Destination Number of Certs:	1:
Filing: 🚺	Certifie Plain: COGS:	ed: 🗸	Email Address for Annual Report Notifications: BMANGIARELLI@EBGLAW. COM
Availability Document Examiner Updater Verifier	Amour	nt:\$ 155.00	

W.P. Verifier ____

Ref#

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Evolved Science Naples, PLLC	
Name of Limi	ited Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Brooke Mangiarelli, Esq.	
	Name of Person
Epstein Becker & Green, P.C.	Firm/Company
	1 trib Company
250 West Street, Suite 300	Address
Columbus, Ohio 43215	ty/State and Zip Code
Bmangiarelli@ebglaw.com	tyroute and 25p code
	for future annual report notification)
For further information concerning this matter, please	call:
Brooke Mangiarelliat (614) 872-2454
Name of Person Ar	ea Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□\$125.00 Filing Fee & Certificate of Status	Z\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address	Street Address
New Filing Section	New Filing Section Division The Centre of Tallahassee
Division of Corporations P.O. Box 6327	2415 N. Monroe Street, Suite 810
Tallahassee, FL 32314	Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Evolved Science Naples, PLLC (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: Mailing Address: Mailing Address: Mailing Address: 625 Trail North, Suite 304 Naples, FL 34102 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 registerion.) The name and the Florida street address of the registered agent are: C T Corporation System Name 1200 South Pine Island Road Florida street address (P.O. Box NOT acceptable) Plantation Florida 33324 City State Zip Laving been named as registered agent and to accept service of process for the above stated limited liability company at the blace designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I in 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. C T Corporation System By: Theresa Buck, Assist. Secretary Registered Agent's Signature (REQUIRED)	ARTICLE I - Name: The name of the Limited Liab	oility Company is:			
The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address:	Evolved Science ?	Naples, PLLC	Liability Company,	'L.L.C.,'' or "LLC.")	
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: C T Corporation System Name 1200 South Pine Island Road Florida street address (P.O. Box NOT acceptable) Plantation Florida 33324 City State Zip Laving been named as registered agent and to accept service of process for the above stated limited liability company at the oldere designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I in their 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. C T Corporation System By: Theresa Buck, Assist. Secretary	ARTICLE II - Address:				
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: CT Corporation System Name 1200 South Pine Island Road Florida street address (P.O. Box NOT acceptable) Plantation Florida State Zip Inving been named as registered agent and to accept service of process for the above stated limited liability company at the oblace 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 on familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. CT Corporation System By: Theresa Buck, Assist. Secretary	<u>Prin</u>	cipal Office Address:		Mailing Addres	<u>ss</u> :
(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: CT Corporation System Name 1200 South Pine Island Road Florida street address (P.O. Box NOT acceptable) Plantation Florida State Zip Itaving been named as registered agent and to accept service of process for the above stated limited liability company at the above designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I in their 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. CT Corporation System By: Theresa Buck, Assist. Secretary					
CT Corporation System Name 1200 South Ping Island Road Florida street address (P.O. Box NOT acceptable) Plantation Florida 33324 City State Zip Theresa Buck, Assist. Secretary	(The Limited Liability Compa	any cannot serve as its own	Registered Agent. \	t's Signature: l'ou must designate an indi	vidual or
Name 1200 South Pine Island Road Florida street address (P.O. Box NOT acceptable) Plantation Florida 33324 City State Zip Itaying been named as registered agent and to accept service of process for the above stated limited liability company at the oblace 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 C T Corporation System Mushbure By: Theresa Buck, Assist. Secretary	The name and the Florida stru	eet address of the registered	l agent are:		
Florida street address (P.O. Box NOT acceptable) Plantation Florida 33324 City State Zip Laving 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 C T Corporation System ** ** ** ** ** ** ** ** ** ** ** ** **		C T Corporation Sys			
Florida street address (P.O. Box NOT acceptable) Plantation Florida 33324 City State Zip Laving been named as registered agent and to accept service of process for the above stated limited liability company at the oblace designated in this certificate. Thereby 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 m familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S C T Corporation System By: Theresa Buck, Assist. Secretary			Name		
Plantation Florida 33324 City State Zip Taving 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 amiliar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S C T Corporation System ** **MUSICALL*** By: **Theresa Buck, Assist. Secretary**		1200 South Pine Isla	nd Road		
City State Zip Taving 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 CT Corporation System **Jumpleme** Theresa Buck, Assist. Secretary**		Florida street addres	s (P.O. Box <u>NOT</u> a	rceptable)	
laying been named as registered agent and to accept service of process for the above stated limited liability company at the object 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 C T Corporation System Jumillary Theresa Buck, Assist. Secretary		Plantation	Florida	33324	
olace designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I in the agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I in familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S CT Corporation System Jumple Theresa Buck, Assist. Secretary		City	State	Zip	
REINSTEIN AOEM S NORTHUT I RELIGIO ELLI	place designated in this certific further agree to comply with th	ate, I hereby accept the app e provisions of all statutes r e obligations of my position CT Corporation By:	ointment as register elating to the proper as registered agent System Musik	rd agent and agree to act in and complete performance is provided for in Chapter (MAL Theresa Buck,	this capacity. I of my duties, and I 605, F.S.,
Registeren Agent 2 Signature (MACOTACIA)		Regis	teren Mgent s olgha	are (mogramous)	

(CONTINUED)

"AMBR" = A		Name and Address:
	uthorized Member	
"MGR" = Ma	•	
MGR		Erika Schwartz, M.D., 625 Tamiani Trail North, Suite 304
		Naples, FL 34102
LEV: Effective	e date, if other than the c	date of filing: (OPTIONAL)
e of filing.)		date of filing:
e of filing.) If the date inser		not meet the applicable statutory filing requirements, this date will not be li
e of filing.) If the date inser- cument's effective	ted in this block does note that on the Departm	not meet the applicable statutory filing requirements, this date will not be li
e of filing.) If the date inser- rument's effectiv T.E.VI: Other pr	ted in this block does noted that on the Departm rovisions, if any.	not meet the applicable statutory filing requirements, this date will not be lisent of State's records.
e of filing.) If the date inser- rument's effectiv T.E.VI: Other pr	ted in this block does noted that on the Departm rovisions, if any.	not meet the applicable statutory filing requirements, this date will not be li
e of filing.) If the date inser- cument's effectiv T.E.VI: Other produced Science Naple	ted in this block does not date on the Departm rovisions, if any.	not meet the applicable statutory filing requirements, this date will not be lisent of State's records.
e of filing.) If the date inser- nument's effective ILE VI: Other produced Science Naple	ted in this block does not date on the Departm rovisions, if any. es, PLLC is being former. SIGNATURE:	not meet the applicable statutory filing requirements, this date will not be lisent of State's records. ed to render professional medical and aesthetic services.
e of filing.) If the date inser- nument's effective ILE VI: Other produced Science Naple	ted in this block does not date on the Departm rovisions, if any. es, PLLC is being former. SIGNATURE:	not meet the applicable statutory filing requirements, this date will not be lisent of State's records.
e of filing.) If the date inser- cument's effectiv T.E.VI: Other produced Science Naple	ted in this block does not date on the Departmovisions, if any. SIGNATURE: Signature of a	ed to render professional medical and aesthetic services. When Manual authorized representative of a member.
e of filing.) If the date inser- nument's effective. CLE VI: Other produced Science Naple	ted in this block does not date on the Departmovisions, if any. Is, PLLC is being formed signature: Signature of a This document is expected.	ed to render professional medical and aesthetic services. May be member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes.
e of filing.) If the date inser- nument's effective ILE VI: Other produced Science Naple	ted in this block does not date on the Departmove date on the Departmoves, PLLC is being formed signature. Signature of a This document is explain aware that any formed signature.	ed to render professional medical and aesthetic services. When Manual authorized representative of a member.
e of filing.) If the date inser- nument's effective ILE VI: Other produced Science Naple	signature of a This document is ex- I am aware that any feed in this block does not be determined by the constitutes a third de	ed to render professional medical and aesthetic services. May a member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State agree felony as provided for in s.817.155, F.S.
e of filing.) If the date inser- nument's effective ILE VI: Other produced Science Naple	ted in this block does not date on the Departmove date on the Departmoves, PLLC is being formed signature. Signature of a This document is explain aware that any formed signature.	ed to render professional medical and aesthetic services. May a member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State agree felony as provided for in s.817.155, F.S.
te of filing.) If the date inser- cument's effective. CLE VI: Other proceed Science Naple	signature of a This document is ex- I am aware that any feed in this block does not be determined by the constitutes a third de	ed to render professional medical and aesthetic services. The member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State tyree felony as provided for in s.817.155, F.S.

\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-