

LO5000047205

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

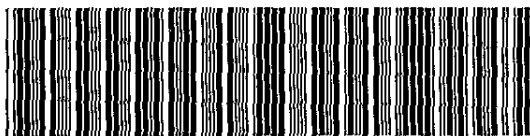
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
CLERK OF SUPERIOR COURT

LO5-47205
of

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ASSOCIATED DENTAL SPECIALTIES OF NAPLES, PLLC
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

RANDLOPH R. RESNIK

(Name of Person)

(Firm/Company)

138 BITTERSWEET CIRCLE

(Address)

VENETIA, PENNSYLVANIA 15367

(City/State and Zip Code)

For further information concerning this matter, please call:

RICHARD F. BRABENDER, ESQUIRE

(Name of Person)

at (412) 571-2900 X 121

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

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

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ASSOCIATED DENTAL SPECIALTIES OF NAPLES, PLLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

1913 PRINCESS COURT
NAPLES, FLA. 34110

1913 PRINCESS COURT
NAPLES, FLA 34110

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

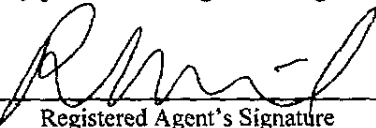
The name and the Florida street address of the registered agent are:

RANDOLPH R. RESNIK
Name

1913 PRINCESS COURT
Florida street address (P.O. Box **NOT** acceptable)

NAPLES, FL 34110
City, State, and Zip

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 608, F.S.


Registered Agent's Signature

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

RANDLOPH R. RESNIK

138 BITTERSWEET CIRCLE

VENETIA, PENNSYLVANIA 15367

MGR

GREGORY W. LONG

306 WEST SOLOMAN COURT

ZELIENOPLE, PENNSYLVANIA 16063

MGR

JOHN P. CANCELLIERE

8072 KIAWAH TRACE

PORT ST. LUCIE, FLORIDA 34986

(Use attachment if necessary)

ARTICLE V - SEE ATTACHED PAGE

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

RANDOLPH R. RESNIK

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)

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TALLAHASSEE, FLORIDA

ARTICLE V - Purpose

The purpose of the PLLC is to provide professional dental services.¹

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TALLAHASSEE, FLORIDA

¹ This page is incorporated by reference in the Article of Organization for Associates Dental Specialties of Naples, PLLC.