

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000295020 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

RECEIVED SDEC30 PHI2:30 Division of Corporations

Fax Number : (850) 205-0383

Account Name

: EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)634-3694

Fax Number : (305)633-9696

LIMITED LIABILITY COMPANY

Dr. Luis J. Fornaris, DMD, PLLC

Certificate of Status	9
Certified Copy	1
Page Count	83
Estimated Charge	\$155.00

SECRETARION SIME

Electropic Filing Means

Comparate Filing

Paulatic Access Hale



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

Dr. Luis J. Fornaris, DMD, PLLC

ARTICLE I

The name of the Limited Liability Company shall: Dr. Luis J. Fornaris, DMD, PLLC

ARTICLE II

The purpose for this limited liability company shall be: A Dental Office.

ARTICLE III

The mailing address and street address of the principal office of the Limited Liability Company is: $13831~\rm SW~152^{ND}$ Terrace, Miami, Fl 33177

ARTICLE IV

The name of the Managing Member for this Company shall be:

MANAGING MEMBER Dr. Luis J. Fornaris

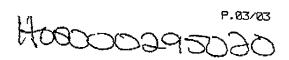
05 DEC 30 AM 8: 30 SECREIANT CONTAINE TALLAHASSEE, FLORIDA

APHOVED

ARTICLE V

The name and the Florida street address of the registered agent: Dr. Luis J. Fornaris, 13831 SW 152ND Terrace, Miami, Fl 33177

H08000395030



CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE MEMBER/REPRESENTATIVE

Dr. LUN J. Fornaris DMBPLLC NAME OF COMPANY

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED PROFESSIONAL LIMITED LIABILITY COMPANY AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, 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.

REGISTERED AGENT

SIGNATURE OF A MEMBER OR AN AUTHORIZED REPRESENTATIVE
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.)

TYPED OR PRINTED NAME OF SIGNEE

OS DEC 30 AM 8: 30
SECRETALLY OF STATE
TALLARASSEE ELORIDA

ALED ALEB

Hoexxxa