

LD8000060244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

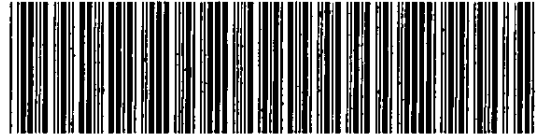
Special Instructions to Filing Officer:

**L. SELLERS**

JUN 19 2008

**EXAMINER**

Office Use Only



200131395122

06/18/08--01043--003 \*\*155.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2008 JUN 18 PM 3:53

**FILED**

**MyCorporation**  
From the makers of QuickBooks

26520 Agoura Road  
Calabasas, CA 91302

Toll Free: 1-888-692-6771

Direct/Intl: 1-818-879-9079 | Fax: 1-818-879-8005  
e-mail: [info@mycorporation.com](mailto:info@mycorporation.com)

## ROUTINE SERVICE FILING REQUEST

Tuesday, June 17, 2008

Division of Corporations  
Florida Department of State  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Re: *The Dentists Tool Shop LLC***

Ladies and Gentlemen:

Please find enclosed for filing Articles of Organization for the above referenced company.

Enclosed is a check in the amount of \$155.00 for filing and for a **certified copy**.

Please return the **certified copy** to the address below.

Thank you for your assistance.

Sincerely,

MyCorporation Business Services, Inc.  
26520 Agoura Road  
Calabasas, CA 91302  
**ATTN: FULFILLMENT DEPARTMENT**

**Articles of Organization  
For  
The Dentists Tool Shop LLC  
Florida Limited Liability Company**

**ARTICLE I - Name:**

The name of the Limited Liability Company is The Dentists Tool Shop LLC.

**ARTICLE II - Address:**

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

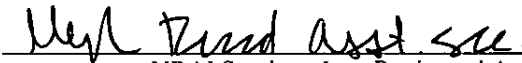
5290 Norris Lake Ct.  
Mulberry, Florida 33860

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent’s Signature:**

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

NRAI Services, Inc.  
2731 Executive Park Drive, Suite 4  
Weston, Florida 33331

*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.*


  
\_\_\_\_\_  
NRAI Services, Inc., Registered Agent

**ARTICLE IV - Management:**

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Peter Peck  
2727 Villa Drive  
Valrico, Florida 33594

Roseann Peck  
2727 Villa Drive  
Valrico, Florida 33594

  
\_\_\_\_\_  
Meghan Record, Organizer

2008 JUN 18 PM 3:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED