

L10000104560

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

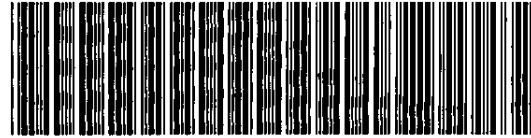
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE, FLORIDA

D. BRUCE

OCT 6 2010

EXAMINER

# LDL ACCOUNTANTS CPA'S

October 1, 2010

**VIA CERTIFIED**

Secretary of State

Division of Corporations

409 E. Gaines Street

Tallahassee, Florida 32399

RE: Advance Dental Care, LLC.

To Whom It May Concern:

Enclosed you will find two original Articles of Organization for the above referenced Limited Liability Company. Also enclosed is a check in the amount of \$125.00. Please file these Articles and return a copy to this office in the enclosed return envelope.

Thank you for your assistance and cooperation and if you have any questions, please feel free to call.

Sincerely,



David Olivencia.

Partner

Cc: Advance Dental Care, LLC.

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**Orlando Office**  
5425 Semoran Blvd Suite 7C  
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**P.R. Office**  
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Tampa, FL 33617-4414  
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*Member of American Institute of Certified Public Accountants  
Member of Florida Institute of Certified Public Accountants  
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[www.ldlcpas.com](http://www.ldlcpas.com)*

Articles of Organizations OF  
Advance Dental Care, Limited Liability Company.

~~KNOW ALL MEN BY THESE PRESENTS:~~ That we, Libia M. Teran, desiring to form a limited liability company for the purposes set forth herein and in conformance with the Florida Limited Liability Company Act, do establish:

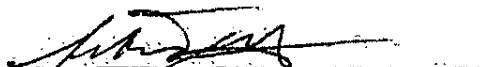
1. ~~Company Name:~~ That the name of the limited liability company is Advance Dental Care, Limited Liability Company.
  2. ~~Duration:~~ That the period of duration of this limited liability company is thirty years from the date of filing hereof with the Florida, unless sooner dissolved as provided by Florida law;
  3. ~~Purpose:~~ That the purpose for which this limited liability company is organized is primarily to any and all legal business, and other goods and services that are permitted by law, within and without the Florida as the laws of Florida and other states permit.
  4. ~~Principal Place of Business:~~ That the address of its principal place of business is 7036 Brescia Way Orlando, Florida 32819
  5. ~~Registered Agent and Office:~~ That the name of its registered agent, whose Consent to Appointment as Registered Agent accompanies these articles, is LDL Accountant & Associates CPAs, LLC, and address of the agent at the registered office is 5425 S Semoran Blvd Suite 7C, Orlando, FL 32822 (407)207-5509.
  6. ~~Capitalization:~~ That the total capital contributions of each Member, which is his or its respective undivided interest in personal property having at least a value totaling 100.00 should be allocated as follows: 100.00 Cash Contribution Libia M, Teran.
- Libia M, Teran 7036 Brescia Way Orlando, Florida 32819 Chief Manager and Executive Officer.
7. ~~Additional Liability of Members:~~ That no additional capital contributions will required.
  8. ~~Admission of Additional Members:~~ That additional Members will be admitted or expelled only with the unanimous consent of all Members entitled to participate in management and upon such terms as are unanimously agreed to by all Members entitled to a dividend upon dissolution or liquidation.
  9. ~~Continuity of Life:~~ That the remaining Members of the limited liability company may only have the right to continue the business upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a Member or occurrence of any other event which terminates the continued Membership of a Member in this limited liability company if

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they unanimously elect to do so. The return of capital and the distribution of profits shall be determined from the company's books, as of the effective date of withdrawal, based on generally accepted accounting practices, and paid as soon as practicable without diminishing the prospects of the company's ventures and subject to the limitations of the Florida Limited Liability Company Act.

10. Management: The business of the company shall be conducted under the exclusive management of its Members, or outside managers if its Members unanimously elect, who shall have exclusive authority to act for the company in all matters. The Members may from time to time designate certain Members as Officers to act for the Company in certain matters as specified by the [Operating Agreement].

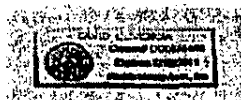
DATED this 27<sup>th</sup> day of September 2010.

  
Libia M. Teran

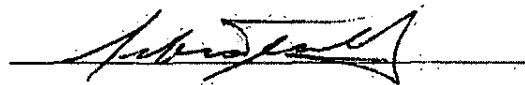
Notary's Acknowledgment

State of Florida       )  
                                  ) ss  
County of Orange     )

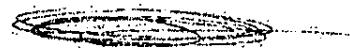
On this 27<sup>th</sup> day, 2010 before me personally appeared Libia M. Teran to me known to be the person described in and who executed the foregoing instrument and acknowledged to me that libia M. Teran executed the same as his free act and deed.



(Seal)



Notary Public, State of Florida  
My Commission Expires: 05/15/2011

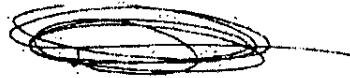


Personally Known \_\_\_\_\_  
Or Produced Identification \_\_\_\_\_  
Type of Identification produced \_\_\_\_\_

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REGISTERED AGENT:

Having been named as registered agent for the above named corporation, at the place designated in the forgoing Articles of Incorporation, I hereby accept such designation and agree to act in such capacity, and I further agree to comply with the provision of all statutes relative to the proper and complete performance of my duties as a registered agent. I am familiar with, and accept the duties and obligations of, Section 607.325 of the Florida Statutes.



Signature: \_\_\_\_\_

LDE Accountants & Assoc CPAs LLC

David Olivencia MGM

Date: 09/27/2010

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