

L10000105386

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

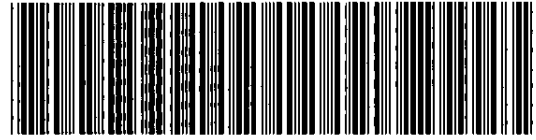
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**EXAMINER**



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**FILED**  
10 OCT - 7 PM 3:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



QUINTAIROS, PRIETO, WOOD & BOYER, P.A.

ATTORNEYS AT LAW

WWW.QPWBLAW.COM

ONE EAST BROWARD BOULEVARD, SUITE 1400  
FORT LAUDERDALE, FLORIDA 33301  
TELEPHONE: (954) 523-7008 ♦ FACSIMILE: (954) 523-7009

October 6, 2010

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

**Re: Articles of Organization and Designation of Registered Agent for  
Elegant Dental Designs, LLC**

Dear Sir or Madam:

I enclose with this letter one original Articles of Organization and Designation of Registered Agent for the incorporation of Elegant Dental Designs, LLC and one copy of the same for certification. I also attach a check made payable to the Florida Department of State in the amount of \$160.00 for the filing fee, certificate of status, and a certified copy. Please return the certificate of status and certified copy to me at the address listed above. I appreciated your anticipated cooperation in this matter.

Very truly yours,

*Steven M. Lury, Esq.*

Steven M. Lury, Esquire

SML/jl

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ELEGANT DENTAL DESIGN, LLC**  
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:

STEVEN M. LURY, ESQUIRE  
Name of Person

QUINTAIROS, PRIETO, WOOD & BOYER, P.A.  
Firm/Company

1 EAST BROWARD BLVD. SUITE 1400  
Address

FT. LAUDERDALE, FL 33301  
City/State and Zip Code

SLURY@QPWBLAW.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEVEN M. LURY, ESQUIRE at ( 954 ) 523-7008  
Name of Person 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)

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

ELEGANT DENTAL DESIGN, LLC.

(Must end with 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:**

10300 WEST FOREST HILL BOULEVARD SUITE 148  
WELLINGTON, FL 33414

10300 WEST FOREST HILL BOULEVARD SUITE 148  
WELLINGTON, FL 33414

**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:

STEVEN M. LURY, ESQUIRE

Name

ONE EAST BROWARD BOULEVARD SUITE 1400

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

FORT LAUDERDALE FL 33301

City, State, and Zip

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 OCT - 7 PM 3:40

FILED

*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 (REQUIRED)

(CONTINUED)

Page 1 of 2

**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

MARK H. ZAHLER, D.D.S.

10300 WEST FOREST HILL BOULEVARD SUITE 148

WELLINGTON, FL 33414

MGRM

RICHARD HARRIS, D.D.S.

10300 WEST FOREST HILL BOULEVARD SUITE 148

WELLINGTON, FL 33414

\_\_\_\_\_  
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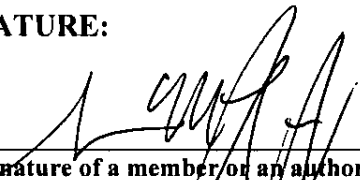
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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

**(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)**

**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.)

STEVEN M. LURY, ESQUIRE

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)**