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EXAMINER

CORPDIRECT AGENTS, I 515 EAS'T PARK AVENUE TALLAHASSEE, FL 32301 222-1173	•		
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CONTACT: Kim	Weidenbach		
DATE: <u>12/2</u> 5	8/12		
REF. #: 0028	76.178657		
CORP. NAME: MIC	HAEL G. HISS DMD DENTAL CAR	E, PLLC	
( ) ARTICLES OF INCORPORA ( ) ANNUAL REPORT ( ) FOREIGN QUALIFICATION ( ) REINSTATEMENT ( ) CERTIFICATE OF CANCEN ( ) OTHER:	( ) TRADEMARK/SERVICE MARK  ( ) LIMITED PARTNERSHIP  ( ) MERGER	( ) ARTICLES OF DISCOUTED  K ( ) FICTITIOUS NAME AND STATE OF DISCOUTED  (XX ) LIMITED LIABILITY STATE  ( ) WITHDRAWAL REPORT OF DEPTH STATE  ( )	
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PLEASE RETURN: (XX ) CERTIFIED COPY ( ) CERTIFICATE OF STAT		D STANDING ( ) PLAIN STAMPED CO	OPY

Examiner's Initials



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FLORIDA DEPARTMENT OF STATE JECNETIALY OF STATE Division of Corporations

December 31, 2012

CORPDIRECT AGENTS INC

PLEASE GIVE ORIGINAL SUBMISSION
PLEASE DATE AS FILE DATE

PLLC

SUBJECT: MICHAEL G. HIISS DMD DENTAL CARE, PLLC

Ref. Number: W12000063865

We have received your document for MICHAEL G. HIISS DMD DENTAL CARE, PLLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific purpose of the entity must be set forth in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Leslie Sellers Regulatory Specialist II

Letter Number: 612A00030599

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PLEASE GIVE ORIGINAL SUBMISSION
PLEASE GIVE ORIGINAL SUBMISSION

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### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the	ame: Limited Liability Co	pany is:
Michael G. H iss DMI	Dental Care, PLLC	•
1)	Must end with the words "L	ited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - A The mailing addr		of the principal office of the Limited Liability Company
Principal Office	Address:	Mailing Address:
6120 Winkler Road, 8	Suite I	1931 SE 35th Street
Fort Myers, FL 33919		Cape Coral, FL 33904
ARTICLE HI - I (The Limited Liability business entity with a	Registered Agent, R Company caunot serve as it n active Florida registration	gistered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another of the registered agent are:
ARTICLE HI - I (The Limited Liability business entity with a	Registered Agent, R Company caunot serve as it n active Florida registration	gistered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another
ARTICLE HI - I (The Limited Liability business entity with a	Registered Agent, R Company cannot serve as it i active Florida registration Florida street addre	gistered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another
ARTICLE HI - I (The Limited Liability business entity with a	Registered Agent, R Company cannot serve as it i active Florida registration Florida street addre	gistered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another of the registered agent are:
ARTICLE HI - I (The Limited Liability business entity with a	Registered Agent, R Company caunot serve as it a active Florida registration Florida street addres NRAI Services, Inc. 515 E. Park Ave	gistered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another of the registered agent are:
ARTICLE HI - I (The Limited Liability business entity with a	Registered Agent, R Company caunot serve as it a active Florida registration Florida street addres NRAI Services, Inc. 515 E. Park Ave	gistered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another of the registered agent are:  Name

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)

Katie Wonsch, Assistant Sect.

(CONTINUED)

Page 1 of 2

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TALLANA REFE OF STATE

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

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

MGR	Michael Gunter Hiss DMD
	1931 SE 35th Street
	Cape Coral, FL 33904
	•
	·
,	
	**************************************
•	
(Use attachment if necessary)	
•	
LE V: Effective date, if other than t	the date of filing: (OPTIO
	ust be specific and cannot be more than five busi

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

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)

Page 2 of 2

# Articles of Organization for Florida Limited Liability Company

For

### Michael G. Hiss DMD Dental Care, PLLC

Article V. – Business Purpose: To provide dental care to the general public by a Licensed Florida Dentist (Michael Gunter Hiss - License # DN 20012) in accordance with any local (Fort Myers & Lee County) and/or state (Florida Department of Health and Florida Board of Dentistry) laws, rules and regulations.

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