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TRANSMITTAL LETTER

Department of State
Division of Corporation
409 E. Gaines Street
Tallahassee, FL 32399
(850) 487-6051

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--08/24/00--01074--003
****160.00 ****160.00

SUBJECT: NEW WORLD DENTAL.COM, LLC

Enclosed is an original and one (1) copy of the articles of organization for Florida limited liability company and a check for:

\$160.00 (Filing Fee, Designation of Registered Agent, Certified Copy, and Certificate Status).

From: Amadeo Lopez-Castro III, Esq.
901 Ponce De Leon Blvd., #304
Coral Gables, FL 33134
(305) 441-2401

FILED
00 AUG 24 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L00-10363

Name	Dr. S-24
Address	
City	
State	
Zip	
Phone	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: NEW WORLD DENTAL.COM, LLC

ARTICLE II - Address:

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

7550 Red Road, Suite 220
South Miami, FL 33143

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

LUIS E. GARRIGO
Name
7550 Red Road, Suite 220
Florida street address (P.O. Box NOT acceptable)
So: Miami FL 33143
City, State, and Zip

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

Article IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)


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.)

LUIS E. GARRIGO
Typed or printed name of signer

FILING FEES:

\$ 100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (OPTIONAL)
\$ 5.00 Certificate of Status (OPTIONAL)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 AUG 24 PM 5:00

FILED