

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

L02000003345

P.L. Jones D.D.S., LLC

200004896642--6
-02/08/02--01037--018
****155.00 ****155.00

~~W02-3834~~

Signature _____

Requested by: SJR

Name _____

Date 2/8/02

Time 10:30

Walk-In _____

Will Pick Up _____

____ Art of Inc. File
____ LTD Partnership File
____ Foreign Corp. File
✓ ____ L.C. File
____ Fictitious Name File
____ Trade/Service Mark
____ Merger File
____ Art. of Amend. File
____ RA Resignation
____ Dissolution / Withdrawal
____ Annual Report / Reinstatement
✓ ____ Cert. Copy
____ Photo Copy
____ Certificate of Good Standing
____ Certificate of Status
____ Certificate of Fictitious Name
____ Corp Record Search
____ Officer Search
____ Fictitious Search
____ Fictitious Owner Search
____ Vehicle Search
____ Driving Record
____ UCC 1 or 3 File
____ UCC 11 Search
____ UCC 11 Retrieval
____ Courier

APPROVED
AND
FILED

02 FEB -8 PM 3:45

DIVISION OF CORPORATION

02 FEB -8 AM 11:31

RECEIVED

JB
2-11-02



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

February 8, 2002

CAPITAL CONNECTION, INC.

SUBJECT: P. L. JONES D.D.S., LLC
Ref. Number: W02000003834

We have received your document for P. L. JONES D.D.S., LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following:

The name of a professional limited liability company must end with "P.L.," "P.L.C.," "P.L.L.C.," "PL," "PLC," "PLLC," or "PROFESSIONAL LIMITED COMPANY" or "PROFESSIONAL LIMITED LIABILITY COMPANY."

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) 245-6025.

Trevor Brumbley
Document Specialist

Letter Number: 402A00008009

02 FEB - 8 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPENDIX
AND
FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I: Name and Limitations:

The name of the Limited Liability Company is: P. L. JONES D.D.S., PLLC. This professional service limited liability company is formed pursuant to Florida Statutes Chapters 621 and 608 and only persons duly licensed to practice the profession of dentistry shall be officers, managers or directors of this professional limited liability company. The specific nature of business of this company is the practice of dentistry.

ARTICLE II: Address:

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

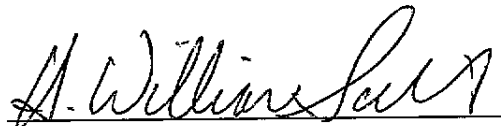
9011 61st Avenue Dr. East
Bradenton, FL 34202

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

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

H. William Scovill
1605 Main Street, Suite 912
Sarasota, Florida 34236

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..


H. William Scovill

ARTICLE IV: Management (Check if applicable.)

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


P. L. JONES

02 FEB -8 PM 3:45
RECEIVED
STATE OF FLORIDA
SARASOTA COUNTY
CLERK OF CIRCUIT COURT

APPROVED
AND
FILED

(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.)

STATE OF FLORIDA
COUNTY OF SARASOTA

On this 7th day of February, 2002, before me, a Notary Public, personally appeared P. L. JONES who executed the above Articles of Organization, and acknowledged the same to be his free act and deed. P. L. JONES is personally known to me or has produced proper identification. Personally known ☒ or Produced ID _____.

My commission expires:

Marcia B. Owens
Notary Public



Marcia B. Owens
MY COMMISSION # CC748043 EXPIRES
September 15, 2002
BONDED THRU TROY FAIN INSURANCE, INC.

APPROVED
AND
FILED
02 FEB -8 PM 3:45
CLERK OF STATE
TALLAHASSEE, FLORIDA