

# L020000012560

## Florida Department of State

Division of Corporations

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## LIMITED LIABILITY COMPANY

Robin L. Goins, D.M.D., P.L.

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May 21, 2002

QUARLES & BRADY LLP

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Division of Corporations - P.O. BOX 6327 Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION OF

### ROBIN L. GOINS, D.M.D., P.L.

The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies as follows:

#### ARTICLE I

##### NAME

The name of the professional limited liability company shall be **Robin L. Goins, D.M.D., P.L.** (the "Company").

#### ARTICLE II

##### ADDRESS OF PRINCIPAL PLACE OF BUSINESS

The mailing address and street address of the principal office of the Company shall be **4280 Tamiami Trail East, Suite 203, Naples, Florida 34112**.

#### ARTICLE III

##### PURPOSE

The purpose of the professional limited liability company is the rendering of professional dental services.

#### ARTICLE IV

##### MANAGEMENT

The Company shall be managed by one or more managers and shall be a manager-managed company. The initial manager of the Company shall be: **ROBIN L. GOINS, D.M.D..**

#### ARTICLE V

##### DURATION

The Company shall be perpetual in duration and shall exist until dissolved in a manner provided by law or, if an operating agreement is adopted by the members, as provided for therein.

#### ARTICLE VI

##### MEMBERSHIP

The members of the Company shall have the right to admit new members upon unanimous agreement of the existing members of the Company or, if an operating agreement is adopted by the members, as provided for therein.

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## ARTICLE VII

### **MEMBERS' RIGHT TO CONTINUE BUSINESS**

The existence of the Company shall continue notwithstanding the death, bankruptcy or dissolution of a member, or the occurrence of any other event that terminates the continued membership of a member in the Company.

## ARTICLE VIII

### **DESIGNATION OF REGISTERED OFFICE AND REGISTERED AGENT**

The name of the initial registered agent of the professional limited liability company is **NAPLES-LAWDOCK, INC.**, and the address of the office of the registered agent is c/o Quarles & Brady LLP, 4501 Tamiami Trail North, Suite 300, Naples, Florida 34103.

IN WITNESS WHEREOF, the undersigned has signed these Articles of Organization as authorized representative at Naples, Florida on May 22, 2002.

By: 

EDMOND E. KOESTER, as Authorized Representative

STATE OF FLORIDA  
COUNTY OF COLLIER

The foregoing instrument was acknowledged before me this 22<sup>nd</sup> day of May, 2002, by EDMOND E. KOESTER, as Authorized Representative for and on behalf of one or more members of **ROBIN L. GOINS, D.M.D., P.L.**, a Florida professional limited liability company, who ☒ is personally known to me or [ ] who produced a driver's license as identification.



Patricia A. DeStefano  
My Commission CG841087  
Expires July 8, 2003

By: 

Name: \_\_\_\_\_

Notary Public

My Commission Expires: \_\_\_\_\_

(SEAL)

*In accordance with § 608.408(3), Florida Statutes, the execution of these Articles of Organization constitutes an affirmation under the penalties of perjury that the facts stated herein are true.*

**CERTIFICATE OF DESIGNATION OF REGISTERED OFFICE AND  
REGISTERED AGENT**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA  
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE  
FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED  
OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA

The name of the professional limited liability company is **ROBIN L. GOINS**  
**D.M.D., P.L.**

The name of the initial registered agent of the professional limited liability  
company is **NAPLES-LAWDOCK, INC.**, and the address of the office of the registered  
agent is **c/o Quarles & Brady LLP, 4501 Tamiami Trail North, Suite 300, Naples,**  
**Florida 34103.**

**ROBIN L. GOINS, D.M.D., P.L.**

By: 

**EDMOND E. KOESTER, as Authorized Representative**

**REGISTERED AGENT ACCEPTANCE**

Having been named as registered agent and to accept service of process for the  
above stated professional limited liability company at the place designated in these  
Articles, the undersigned hereby accepts the appointment as registered agent and  
agrees to act in that capacity. The undersigned further agrees to comply with the  
provisions of all statutes relating to the proper and complete performance of its duties,  
and is familiar with and accepts the obligations of its position as registered agent as  
provided in Section 608.415, Florida Statutes.

**NAPLES-LAWDOCK, INC., Registered Agent**

By: 

**LEO J. SALVATORI, as Vice-President**

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