

W02000033807

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies 1

Certificates of Status 1

Special Instructions to Filing Officer:

12/16 RUC CACUS

Office Use Only



000009411790

MJH

12/16/02--01019--015 **160.00

02DEC15 AM 9:59
12/16/02 11:00A



850 PARK SHORE DRIVE
TRIANON CENTRE - THIRD FLOOR
NAPLES, FL 34103
239.649.2710 DIRECT
239.649.6200 MAIN
239.261.3659 FAX
mprice@ralaw.com

December 13, 2002

Secretary of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Articles of Organization for Mentoring for Implants, LLC

Dear Sir or Madam:

Enclosed are the executed and notarized Articles of Organization and Acceptance of Registered Agent for the above captioned limited liability company. Please file these documents in the State records as soon as possible. Also enclosed is our check in the amount of \$160.00 to cover filing fees for the Articles of Organization, Designation of Registered Agent Fee, certified copy of filed Articles and Certificate of Status / Good Standing.

Please return the certified copy of filed Articles and Certificate of Status / Good Standing to us at the above address. Should you have any questions or require additional information, please call me at 239-649-6200, ext. 3638.

Sincerely,

Karen Schoch, Secretary to
Mark J. Price, Esq.

/ks

Enclosure

393569_1

ARTICLES OF ORGANIZATION
OF
MENTORING FOR IMPLANTS, LLC

FELIX
02 DEC 15 AM 9:59
TALLAHASSEE FLORIDA

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby makes, acknowledges, and files the following Articles of Organization.

ARTICLE I – NAME

The name of the limited liability company shall be Mentoring For Implants, LLC ("Company").

ARTICLE II – ADDRESS

The mailing address and street address of the principal office of the Company shall be 3103 Indigobush Way, Naples, Florida 34105.

ARTICLE III – DURATION

The Company shall commence its existence on the date these Articles of Organization are filed with the Florida Department of State. The Company shall have perpetual existence until it is dissolved and its affairs wound up.

ARTICLE IV – REGISTERED OFFICE AND AGENT

The name and street address of the registered agent of the Company in the State of Florida is Dr. James E. Felix, 3103 Indigobush Way, Naples, Florida 34105.

ARTICLE V – ADMISSION OF NEW MEMBERS

No additional members shall be admitted to the Company except with the unanimous written consent of all the members of the Company and on such terms and conditions as shall be determined by all the members. A member may only transfer his or her interest in the Company as set forth in the Operating Agreement of the Company, but the transferee shall have no right to participate in the management of the business and affairs of the Company or become a member unless all the other members of the Company, other than the member proposing to dispose of his or her interest, approve of the proposed transfer by unanimous written consent.

ARTICLE VI – TERMINATION OF EXISTENCE

Upon the death, bankruptcy, or dissolution of a member or manager, or on the occurrence of any other event that terminates the continued membership of a member in the Company, the business of the Company may be continued by the consent of the remaining member or members.

ARTICLE VII – AMENDMENT

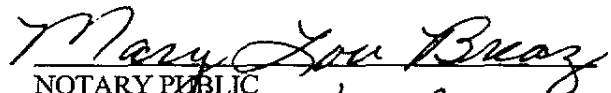
These Articles of Organization may be amended by the consent of all members, or as may otherwise be provided by law.

IN WITNESS WHEREOF, the undersigned organizer has made and subscribed these Articles of Organization at Naples, Florida, on this 11th day of December, 2002.


Dr. James E. Felix, Managing Member

STATE OF FLORIDA)
) ss:
COUNTY OF COLLIER)

The foregoing instrument was acknowledged before me this 11th day of December, 2002, by Dr. James E. Felix, as Managing Member of Mentoring For Implants, LLC. He is () personally known to me or (X) has produced Drivers License as identification.

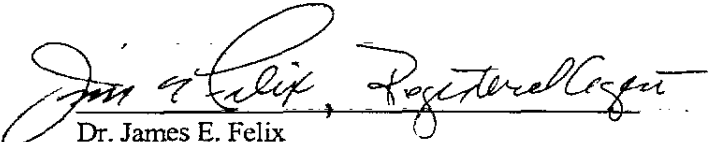

NOTARY PUBLIC
Name: MARY LOU BREAZ
(Type or Print)
My Commission Expires:



MENTORING FOR IMPLANTS, LLC

ACCEPTANCE OF REGISTERED AGENT

The undersigned, being the person named in the Articles of Organization of Mentoring For Implants, LLC, as the registered agent of this limited liability company, hereby consents to accept service of process for the above stated Company at the place designated in the Articles of Organization, and accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of her duties, and is familiar with and accepts the obligations of the position of registered agent.


Dr. James E. Felix
Registered Agent