

L03000018210

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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05/07/03--01041--004 **155.00

FILED
03 MAY 20 PM 1:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Complete application

42 Coral Street
Atlantic Beach, FL 32233-5841
May 5, 2003

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

Re: FILING OF ARTICLES OF ORGANIZATION FOR LLC


To Whom It May Concern:

Please find the Articles of Organization to form a Florida Limited Liability
Company pursuant to Chapter 608, Florida Statutes along with the filing fees:

1. \$100.00 for Articles of Organization
2. \$ 25.00 Designation of Registered Agent
3. \$ 30.00 Certified Copy

Should you have any questions, I may be contacted at 904/249-3558.

Sincerely,


Leslie G. Platock, D.D.S.
Agent (904/249-3558)

Enc: Articles
Check #1711 (\$155.00)

FILED
03 MAY 20 PM 1:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

42 Coral Street
Atlantic Beach, FL 32233
May 14, 2003

Registration Section
Division of Corporations
P.O. Box 5327
Tallahassee, FL 32314

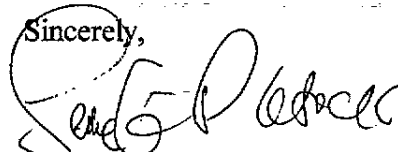
To Whom It May Concern:

Please find enclosed the Articles of Organization for Florida Limited Liability Company.
Should you have any questions I can be reached at the following address, phone number:

42 Coral Street
Atlantic Beach, FL 32233
904/249-3558

Thanking you in advance for your prompt attention to this matter.

Sincerely,



Leslie G. Platock, D.D.S.

Enc.



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

May 8, 2003

LESLIE G. PLATOCK, D.D.S.
42 CORAL STREET
ATLANTIC BEACH, FL 32233-5841

SUBJECT: LESLIE G. PLATOCK, D.D.S.
Ref. Number: W03000013267

We have received your document for LESLIE G. PLATOCK, D.D.S. and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to list the actual name of this limited liability company in Article I. You also failed to complete Article II. Please make the proper corrections to your articles.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

A limited liability company may not serve as its own registered agent. Please designate an individual or an active entity, with a Florida street address. A post office box is not acceptable.

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) 245-6913.

Diane Cushing
Corporate Specialist

Letter Number: 203A00028618

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
Beaches Dentistry, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
42 Coral Street
Atlantic Beach, FL 32233

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

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

Leslie G. Platock, D.D.S.

Name

42 Coral Street

Florida street address (P.O. Box **NOT** acceptable)

Atlantic Beach,

FL 32233

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

(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.)

Leslie G. Platock, D.D.S.

Typed or printed name of signee

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)

FILED
03 MAY 20 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA