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CLERK OF SUPERIOR COURT
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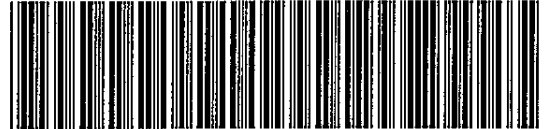
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Return Name and Address

SAND LAKE FAMILY DENTAL, PLLC.
7300 SAND LAKE COMMONS BLVD SUITE 223
ORLANDO FL 32819

Date: 06/20/2003

Address for Regular Mail:

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Address for Courier, Hand, or Express Delivery:

Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Re: Articles of Organization/Original Appointment of Agent

Dear Sir:

Enclosed please find an original and one copy of Articles of Organization. Also enclosed you will find my check in the amount of \$125.00 which pays the filing fee of \$100.00 and the Registered Agent fee of \$25.00.

Please file and provide a "filed" copy to me, together with any information you commonly provide to new PLLCs.

Please contact me if you require anything further. My daytime telephone number is 407-355-0606

With kindest regards, I am

Sincerely yours,


RUTH VERGARA

Enclosures

**ARTICLES OF ORGANIZATION FOR FLORIDA
PROFESSIONAL LIMITED LIABILITY COMPANY** FILED

03 JUN 23 PM 2: 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I

The name of the Professional Limited Liability Company is:

SANDLAKE FAMILY DENTAL, PLLC.

ARTICLE II:

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

7300 SAND LAKE COMMONS BLVD SUITE 223
ORLANDO FL 32819

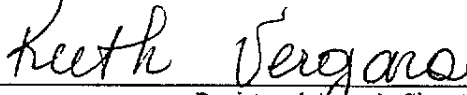
ARTICLE III:

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

RUTH VERGARA

3325 KING GEORGE DR
ORLANDO, FL 32835

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 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, Florida Statutes.



Registered Agent's Signature

ARTICLE IV:

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

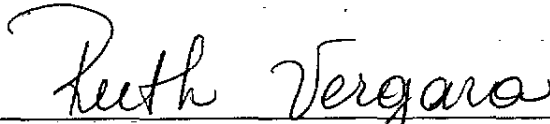
ARTICLE V:

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The purpose of the Professional Limited Liability Company is to engage in the practice of dentistry for pecuniary profit in the State of Florida. All members of the professional limited liability company shall be professional service corporations, professional limited liability companies, or individuals, in any combination, duly licensed or otherwise legally authorized to practice dentistry, dental hygiene, or operate a dental laboratory in the State of Florida.

ARTICLE VI:

Effective Date: JUNE 25, 2003



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.)

RUTH VERGARA