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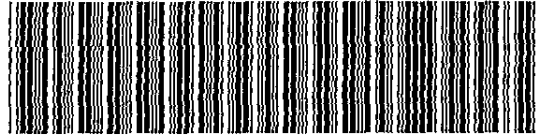
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*[Signature]*

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Shari Goldstein, D.D.S., L.L.C.  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shari Goldstein  
(Name of Person)

(Firm/Company)

5505 N. Military Trail #315  
(Address)

Boca Raton, FL 33496  
(City/State and Zip Code)

For further information concerning this matter, please call:

Shari Goldstein at ( 561 ) 997- 9879  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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**ARTICLES OF ORGANIZATION FOR A FLORIDA  
LIMITED LIABILITY COMPANY**

1. The name of the limited liability company is  
Shari Goldstein, D.D.S., L.L.C.
2. The limited liability company is organized for the sole and specific purpose of  
rendering the professional services of: Dentistry
3. The principle address of the initial registered office in Florida is  
5505 N. Military Trail #315 Boca Raton, FL 33496  
(number/street) (city/state/zip)  
located in the [ ] city or [ X ] county of Palm Beach.  
The above address is identical to the mailing address.
4. The registered agent's name is Shari Goldstein,  
whose address is:

5871 Grand Harbour Circle Boynton Beach, FL 33437  
(number/street) (city/state/zip)

- A. The registered agent is (mark appropriate box)  
an INDIVIDUAL who is a resident of Florida and
1. [ X ] a manager of the limited liability company  
[ X ] a member of the limited liability company  
[ ] a member of the Florida State Bar  
or
  2. [ ] a professional corporation or a professional limited liability  
company of attorneys in Florida

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, Florida Statutes..

*Shari Goldstein D.D.S.*  
(Registered Agent's Signature)

5. The post office address of the principle office where the records will  
be maintained is identical with the registered office.

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6. The name and address of each Manager or Managing member are as follows:

| <u>Title:</u>  | <u>Name &amp; Address:</u>  |
|----------------|---|
| A. <u>MGRM</u> | <u>Shari Goldstein</u><br><u>5505 N. Military Trail #315</u><br><u>Boca Raton, FL 33496</u> |

7. The latest date on which the limited liability company is to be dissolved and its affairs wound up is perpetual.

8. Signatures:

Shari Goldstein D.D.S.  
(Organizer / MGRM)  
Shari Goldstein, D.D.S.

11/28/03  
(Date)

(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.)

Shari Goldstein, D.D.S.  
(Typed or printed name of signee)

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