

# L04 0000 42954

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

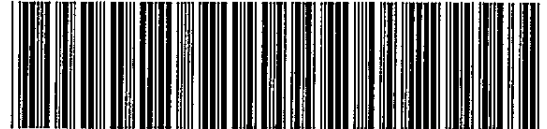
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

6/8  
must

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MATRIX DENTAL SOLUTIONS L.L.C.  
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

CHRISTOPHER T. NIQUETTE  
(Name of Person)

MATRIX DENTAL SOLUTIONS L.L.C.  
(Firm/Company)

2639 SOPHIA CT.  
(Address)

GREEN COVE SPRINGS, FLORIDA 32043  
(City/State and Zip Code)

For further information concerning this matter, please call:

CHRISTOPHER T. NIQUETTE at ( 904 ) 891-7567  
(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  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

MATRIX DENTAL SOLUTIONS L.L.C.

**ARTICLE II - Address:**

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

**Principal Office Address:**

2639 SOPHIA CT.

GREEN COVE SPRINGS, FLORIDA

32043

**Mailing Address:**

2639 SOPHIA CT.

GREEN COVE SPRINGS, FLORIDA

32043

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

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

CHRISTOPHER T. NIQUETTE

Name

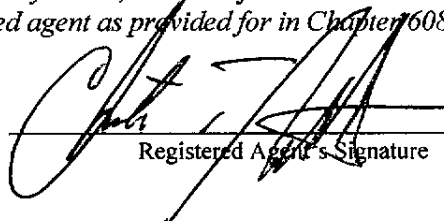
2639 SOPHIA CT.

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

GREEN COVE SPRINGS, FLORIDA 32043

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, Florida Statutes..*

  
\_\_\_\_\_  
Registered Agent's Signature

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**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

CHRISTOPHER T. NIQUETTE

2639 SOPHIA CT.

GREEN COVE SPRINGS, FLORIDA 32043

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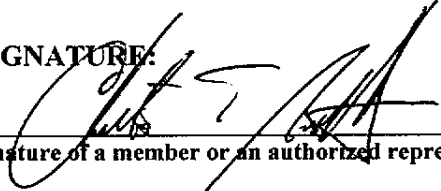
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(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
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.)

CHRISTOPHER T. NIQUETTE

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)**

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