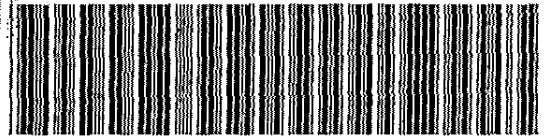


L04000045613

2004 JUN 14 P 2:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



200037051812

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



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FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

FILED

2004 JUN 14 P 2:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

June 4, 2004

BRET GARGASZ  
713 SEAGATE DR.  
TAMPA, FL 33602

SUBJECT: GARGASZ DENTAL  
Ref. Number: W04000021683

We have received your document for GARGASZ DENTAL and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the designation "L.L.C.," "LLC," "L.C.," or "LC," or the words "LIMITED LIABILITY COMPANY," or "LIMITED COMPANY." Please amend the name of your entity accordingly.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt  
Document Specialist

Letter Number: 304A00038441

Dr. Bret Gargas

713 Seagate Drive

Tampa, FL 33602

Cell: (614) 432-0852

Work: (813) 237-1982

Re: GARGASZ DENTAL, Ltd.

**FILED**

2004 JUN 14 P 2:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

FILED

TO: Registration Section  
Division of Corporations

2004 JUN 14 P 2:5

SUBJECT: GARGASZ DENTAL LTD  
(Name of Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

BRET GARGASZ  
(Name of Person)

GARGASZ DENTAL LTD  
(Firm/Company)

713 SEAGATE DRIVE  
(Address)

Tampa, FL 33602  
(City/State and Zip Code)

For further information concerning this matter, please call:

DR. BRET GARGASZ at (814) 432 0852  
(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

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

**FILED**

2004 JUN 14 P 2:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

GARGASZ DENTAL LLC.

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

713 SEAGATE DRIVE

SAME

TAMPA FL 33602

\_\_\_\_\_

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

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

DR. BRETT GARGASZ  
Name

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

TAMPA FL 33602 FLORIDA  
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..*

DR. BRETT GARGASZ  
Registered Agent's Signature

**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

DR. BRET GARGAS  
713 SEAGATE DRIVE  
Tampa FL, 33602

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

DR. BRET GARGAS

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.)

DR. BRET GARGAS

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)