

Jun 23. 2004 3:39PM Hamrick Perrey Quinlan Smith .041 p. 1 11
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LIMITED LIABILITY COMPANY

Blue Heron Dental Lab, LLC

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

FILED
04 JUN 23 9:00
TALLAHASSEE, FLORIDA

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Articles of Organization of **BLUE HERON DENTAL LAB, LLC,**

a Florida Limited Liability Company

The undersigned, **CELESTE BOUCHER-KRICKL**, desires to form a limited liability company pursuant to the Florida Limited Liability Company Act. As one of the members of the proposed limited liability company, she does hereby make and file these Articles of Organization, and hereby declares and affirms:

ARTICLE I: Name

The name of the limited liability company ("Company") is **BLUE HERON DENTAL LAB, LLC**, a Florida Limited Liability Company.

ARTICLE II: Street Address and Mailing Address

The street address of the Company's principal office is 409 6th Avenue East, Bradenton, Florida. The mailing address of the Company's principal office is 409 6th Avenue East, Bradenton, FL 34208.

ARTICLE III: Registered Agent and Office

The name of the Company's initial registered agent for service of process in the State of Florida is **CELESTE BOUCHER-KRICKL**, whose street/mailling address is 409 6th Avenue East, Bradenton, FL 34208.

ARTICLE IV: Admission of New Members

Members of the Company have the right to admit new members. Additional members may be admitted only on the unanimous written consent of the existing members, and the existing members shall determine the amount and nature of contributions by new members at the time the new members are admitted.

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IN AND FOR THE COUNTY OF SARASOTA
FLORIDA

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**ARTICLE V:
Continuation Provisions**

The remaining members of the Company have the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event that terminates the continued membership of a member in the Company. The business may be continued only on the unanimous written consent of the remaining members.

**ARTICLE VI:
Additional Provisions**

The power to adopt, alter, amend, or repeal the regulations of the Company is vested entirely in the members of the Company.

IN WITNESS WHEREOF, the undersigned, being one of the members of the proposed limited liability company, does certify that she is of full age, is competent to contract and is a citizen of the United States of America. For the purpose of forming the proposed limited liability company above-named to do business both within and without the State of Florida, and in pursuance of the Florida Limited Liability Company Act, I do make and file these Articles of Organization, hereby declaring and certifying that the matters above stated are true, and accordingly I have hereunto set my hand and seal this 23rd day of June, 2004.



CELESTE BOUCHER-KRICKL (SEAL)


STATE OF FLORIDA
COUNTY OF MANATEE

The foregoing instrument was acknowledged before me this 23rd day of June, 2004, by
CELESTE BOUCHER-KRICKL. She

☒ is personally known to me; or
☐ produced a driver's license issued by State of Florida as identification; or
☐ produced the following identification: _____

and did not take an oath.

Official Notary Seal
LINDA ROMANOWSKI
Notary Public, State of Florida
Commission No. DD 158509
My Commission Exp. Oct. 9, 2008



Notary Public
Print Name: Linda Romanowski
My Commission Expires: _____

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned Limited Liability Company submits the following statement in designating the registered office/registered agent, in the State of Florida:

1. The name of the limited liability company is **BLUE HERON DENTAL LAB, LLC.**
2. The name and street address of the registered agent and office is:

Celeste Boucher-Krickl
409 6th Avenue East
Bradenton, FL 34208

Having been named as registered agent and to accept service of process for the above-named 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.

DATED this 23rd day of June, 2004.


Celeste Boucher-Krickl, Registered Agent


STATE OF FLORIDA
COUNTY OF MANATEE

The foregoing instrument was acknowledged before me this 23rd day of June, 2004, by **CELESTE BOUCHER-KRICKL**. She

- ☒ is personally known to me; or
☐ produced a driver's license issued by State of Florida as identification; or
☐ produced the following identification: _____

and did not take an oath.

Official Notary Seal
LINDA ROMANOWSKI
Notary Public, State of Florida
Commission No. DD 156509
My Commission Exp. Oct. 9, 2006


Notary Public
Print Name: Linda Romanowski
My Commission Expires: _____

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