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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

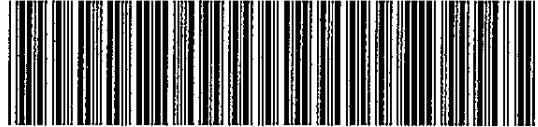
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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08/25/04--01057--008 \*\*51.25

08/05/04--01017--010 \*\*78.75

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 AUG 25 PM 1:59

08/31/04

PC

W04-31105  
04-29941

Robert R. Poore  
1474 Laconia Dr. W  
Clearwater, Florida 33764  
Telephone: (727) 531-2201

FILED STATE  
SECRETARY OF CORPORATIONS  
04 AUG 25 PM 1:59

Florida Department of State  
Post Office Box 6327  
Tallahassee, Florida 32301

Attention: Division of Corporations

Re: Articles of Incorporation For  
Pinellas Paintless Dent Repair, LLC  
(a corporation for profit)

Gentlemen:

Enclosed herein please find an original and one copy of properly executed Articles of Incorporation and Acceptance of Resident Agent for PINELLAS PAINTLESS DENT REPAIR, LLC, a for profit corporation, for filing. Also, enclosed is our check in the amount of \$78.75, made payable to Florida Secretary of State, to cover the following costs:

Filing Fee for Articles of Incorporation	\$35.00
Resident Agent Fee	\$35.00
Certified Copy Fee	<u>\$ 8.75</u>
TOTAL	\$78.75

Please forward the certified copy of the Articles of Incorporation to the undersigned at the address set forth above. Thank you for your courteous cooperation.

Sincerely yours,

*Robert R. Poore*

Robert R. Poore

Enclosure:

Original and one copy of Articles of Incorporation  
Check for Filing Fee



FLORIDA DEPARTMENT OF STATE

*Marco E. Rossi*  
Secretary of State

August 16, 2004

ROBERT R. POORE  
1474 LACONIA DR W  
CLEARWATER, FL 33764-2791

SUBJECT: PINELLAS PAINTLESS DENT REPAIR LIMITED LIABILITY CORPORATION

Ref. Number: 04A000037105

WP4000031105

*You failed to make the correction(s) requested in our previous letter.*

*When you are filing a corporation, you can not have "llc" or "limited liability" in the name.*

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6929.

Justin M. Shivers  
Document Specialist  
New Filings Section

Letter Number: 04A00050410

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 AUG 25 PM 1:59

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

August 19, 2004

Subject: Pinellas Paintless Dent Repair LLC

Mr. Shivers:

W84 000091105

Enclosed please find the corrected document, and please accept my apologies for filing the incorrect documents previously. Also enclosed are funds totaling \$51.25, taking into account that \$78.75 have been previously submitted:

**Filing Fee for Articles of Organization: \$100**

**Designation of Registered Agent: \$25**

**Certificate of Status: \$5**

**Subtotal: \$130**

**Previously Submitted Funds: \$78.75**

**Total: \$51.25**

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Please return all correspondence concerning this matter to the following:

Robert R. Poore  
1474 Laconia Dr. W  
Clearwater, FL 33764-2791

Thank you.

Sincerely,

Robert R. Poore (727) 531-2201

**ARTICLES OF ORGANIZATION  
OF  
PINELLAS PAINTLESS DENT REPAIR LIMITED LIABILITY CORPORATION**

The undersigned incorporator to these Articles of Organization hereby forms a corporation under the laws of the State of Florida as follows:

**ARTICLE I**

Name

The name of this Corporation is PINELLAS PAINTLESS DENT REPAIR, LLC.

**ARTICLE II**

Mailing & Street Address


The mailing address and street address of the principle office of the company is 1474 LACONIA DRIVE WEST, CLEARWATER FLORIDA 33764-2791.

**ARTICLE III**

Registered Agent Name & Address

The name of the company's registered agent is ROBERT R. POORE. The mailing address of the registered agent is 1474 LACONIA DRIVE WEST, CLEARWATER FLORIDA 33764-2971.

*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.*



ROBERT R. POORE  
Registered Agent

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ARTICLE IV

Managing Members Name & Address

Managing members of the company shall include:

<u>Title</u>	<u>Name &amp; Address</u>
MGR	ROBERT R. POORE 1474 LACONIA DR. W CLEARWATER, FL 33764-2791
MGRM	WILLIAM R. POORE 909 S BETTY LANE CLEARWATER, FL 33756

*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 contained herein are true*

Robert R. Poore  
ROBERT R. POORE, Manager

William R. Poore  
WILLIAM R. POORE, Managing Member

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ARTICLE V

Amendment

These Articles of Organization may be amended in the manner provided by law.