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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN SEP 27 2004

September 21, 2004

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Attached are the forms to form a Florida Liability Corporation (Articles of Organization, Transmittal Letter and Registration of Member, Managing Member or Manager) among with checks (fees)

For any further inquiries concerning this matter should be directed to:

Dr Roxanna C. Garcia DDS
5632 Elmhurst circle #106
Oviedo FL, 32765
Tel. (407) 657-1512

Sincerely


Dr Roxanna C Garcia DDS

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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RG DENTAL LLC

(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:

ROXANNA C. GARCIA DDS

(Name of Person)

COMPANY

(Firm/Company)

5632 ELMHURST CIRCLE #106

(Address)

OVIEDO, FL, 32765

(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

DR. ROXANNA C. GARCIA DDS

(Name of Person)

at (407) 657-1512

(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

Sept 21 / 04

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

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TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

RG 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:

5632 ELMHURST CIRCLE #106

OVIDO, FL 32765

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

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

DR. ROXANNA C. GARCIA DDS

Name

5632 ELMHURST CIRCLE #106

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

OVIDO, FL 32765

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..

Roxanna Garcia

Registered Agent's Signature

Sept 21/04

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:

PRESIDENT/MGR

DR. ROXANNA C GARCIA DDS
5632 ELMHURST CIRCLE #106
OVIDO, FL 32765

(Use attachment if necessary)

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TALLAHASSEE, FLORIDA

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

REQUIRED SIGNATURE:

Roxanna Garcia

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.)

Roxanna C. Garcia DDS -

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)

Sept 21/04