

L05000033576

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

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Certified Copies _____

Certificates of Status _____

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04/06/05--01052--004 **155.00

FILED
05 APR -6 PM 4:20
TALLAHASSEE, FLORIDA
RECEIVED
05 APR -6 PM 2:59
TALLAHASSEE, FLORIDA

ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, FL 32308

City/St/Zip

850-222-2785

Phone #

FILED
05 APR -6 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1- C.L. DDS, LLC

2-

3-

4-

☒ Walk-in

☐ Pick-up time ASAP

☒ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input checked="" type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**ARTICLES OF ORGANIZATION
OF
C.L. DDS, LLC**

FILED
05 APR -6 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge, and file the following Articles of Organization.

ARTICLE I - NAME

The name of the limited liability company shall be C.L. DDS, LLC.

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the company is:

3472 Forest Hill Blvd.
Suite 3
West Palm Beach, FL 33406

ARTICLE III - DURATION

The company shall commence its existence on the date these articles of organization are filed by the Florida Department of State. The company's existence shall be perpetual unless the company is dissolved earlier as provided in these articles of organization or in the regulations.

ARTICLE IV - REGISTERED OFFICE AND AGENT

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

JANICE M. LUKE, D.D.S.
3472 Forest Hill Blvd., Suite 3
West Palm Beach, FL 33406

ARTICLE V - MANAGEMENT

The company shall be managed by the members in accordance with regulations adopted by the members for the management of the business and affairs of the company. These regulations may contain any provisions for the regulation and management of the affairs of the company not inconsistent with law or these articles of organization. The names and addresses of the members of the company are:

<u>NAME</u>	<u>ADDRESS</u>
JANICE M. LUKE, D.D.S.	3472 Forest Hill Blvd., Suite 3 West Palm Beach, FL 33406
LILLI Z. COTSONAS, D.D.S.	3472 Forest Hill Blvd., Suite 3 West Palm Beach, FL 33406

IN WITNESS WHEREOF, the undersigned organizer has made and subscribed these articles of organization at Lake Worth, Florida on April 1st, 2005.



JANICE M. LUKE, D.D.S.

STATE OF FLORIDA COUNTY OF PALM BEACH

Sworn to and subscribed before me on April 1st, 2005, by JANICE M. LUKE, D.D.S., who produced FLORIDA DRIVER'S LICENSE as proof of identification.

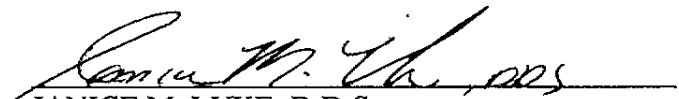


Lisa A. Kendrick
MY COMMISSION # CC999734 EXPIRES
May 6, 2005
BONDED THRU TROY FAIR INSURANCE, INC


NOTARY PUBLIC - State of Florida at Large

ACCEPTANCE BY RESIDENT AGENT

The undersigned, being the person named in the articles of organization of C.L. DDS, LLC, as the registered agent of this limited liability company, hereby consents to accept service of process for the above-stated company at the place designated in the articles of organization, and accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of her duties, and is familiar with and accepts the obligations of the position of registered agent.


JANICE M. LUKE, D.D.S.
REGISTERED AGENT

**STATE OF FLORIDA
COUNTY OF PALM BEACH**

Sworn to and subscribed before me on April 1st, 2005, by JANICE M. LUKE, D.D.S. who produced FLORIDA DRIVER'S LICENSE as proof of identification.



Lisa A. Kendrick
MY COMMISSION # CC999734 EXPIRES
May 6, 2005
BONDED THRU TROY FAIN INSURANCE, INC.

Lisa A. Kendrick
NOTARY PUBLIC - State of Florida at Large