

L05000051987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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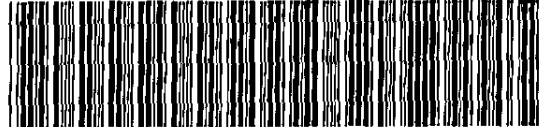
(Business Entity Name)

(Document Number)

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Gateway Dental Studios, LLC

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05 MAY 25 PM 2:11
TALLAHASSEE, FLORIDA

- ☐ Art of Inc. File_____
- ☐ LTD Partnership File_____
- ☐ Foreign Corp. File_____
- ☒ L.C. File_____
- ☐ Fictitious Name File_____
- ☐ Trade/Service Mark_____
- ☐ Merger File_____
- ☐ Art. of Amend. File_____
- ☐ RA Resignation_____
- ☐ Dissolution / Withdrawal_____
- ☒ Annual Report / Reinstatement_____
- ☒ Cert. Copy_____
- ☐ Photo Copy_____
- ☐ Certificate of Good Standing_____
- ☐ Certificate of Status_____
- ☐ Certificate of Fictitious Name_____
- ☐ Corp Record Search_____
- ☐ Officer Search_____
- ☐ Fictitious Search_____
- ☐ Fictitious Owner Search_____
- ☐ Vehicle Search_____
- ☐ Driving Record_____
- ☐ UCC 1 or 3 File_____
- ☐ UCC 11 Search_____
- ☐ UCC 11 Retrieval_____

Signature

Requested by:

WL *5/15* *11:00*

Name

Date

Time

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**ARTICLES OF ORGANIZATION FOR
Gateway Dental Studios, L.L.C.**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLE I
Name**

The name of the Limited Liability Company (hereinafter the "Company") is:

Gateway Dental Studios, L.L.C.

**ARTICLE II
Address**

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

808 E. Ocean Blvd. Suite B
Stuart, FL 34994

**ARTICLE III
Duration**

The period of duration for the Company shall be perpetual.

**ARTICLE IV
Management**

The Company is to be managed by a manager. The name and address of the initial manager is:

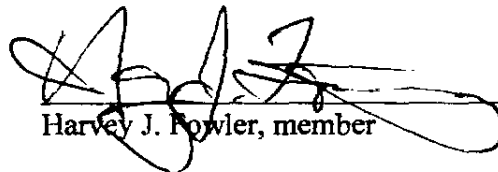
Harvey J. Fowler
808 E. Ocean Blvd. Suite B
Stuart, FL 34994

**ARTICLE V
Admission of Additional Members**

Members shall have the right to admit additional members as set forth in the Operating Agreement by and among the Company and its members, as amended from time to time, or as otherwise provided by the Florida Limited Liability Act.

ARTICLE VI
Members' Rights to Continue Business

The death, retirement, resignation, expulsion, dissolution, bankruptcy, dissociation or withdrawal of any member, or the occurrence of any other event that terminates the continued membership of any members shall not cause the Company to be dissolved or its affairs to be wound-up, and upon the occurrence of any such event the Company shall be continued without dissolution and without any affirmative action or requirement on the part of the members.


Harvey J. Fowler, member

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507
FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY
ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, 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:

Gateway Dental Studios, L.L.C.

2. The name of the initial registered agent of this company at that address is:

James Sopko

3. The address of the registered agent and office is:

853 S.E. Monterey Commons Boulevard
Stuart, FL 34995

*Having been named as registered agent and to accept service of process for the
above stated limited liability company at the place designated by 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 the obligations of my position as a
registered agent.*

By: _____

JAMES SOPKO