

L05000098437

Florida Department of State

Division of Corporations

Public Access System

TRACER SYSTEM FLORIDA

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H05000234168 3)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

**LIMITED LIABILITY COMPANY**

**town & country family dentistry llc**

AL

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

FILED

OCT-5 PM 12:29

RECEIVED  
TALLAHASSEE, FLORIDA

October 5, 2005

EMPIRE CORPORATE KIT COMPANY

SUBJECT: TOWN & COUNTRY FAMILY DENTISTRY LLC  
REF: W05000045583

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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

You can not have a manager and a managing member. LLC's are managed one way or the "other" not both.

Please return 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) 245-6094.

Agnes Lunt  
Document Specialist

FAX Aud. #: H05000234168  
Letter Number: 605A00060398

RECEIVED  
05 OCT -5 PM 12:03  
DIVISION OF CORPORATIONS

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

H05000234168

FILED

**ARTICLES OF ORGANIZATION FOR**  
**FLORIDA LIMITED LIABILITY COMPANY OF**  
**TOWN & COUNTRY FAMILY DENTISTRY LLC**

**ARTICLE I**

The name of the Limited Liability Company shall: TOWN & COUNTRY FAMILY DENTISTRY LLC

**ARTICLE II**

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

**ARTICLE III**

The mailing address and street address of the principal office of the Limited Liability Company is: 10136 SW 164<sup>th</sup> PLACE, MIAMI, FL 33196

**ARTICLE IV**

The name of the Managing Member(s) of this company shall be:

**Managing Members**  
CARLA J. MARTINEZ  
CECILLE SANCHEZ

**ARTICLE V**

The name and the Florida street address of the registered agent: CECILLE SANCHEZ, 10136 SW 164<sup>th</sup> PLACE, MIAMI, FL 33196

H05000234168

TOTAL P.04

70000234168

FILED

2005 OCT -5 P 12:29

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED  
OFFICE/MEMBER/REPRESENTATIVE

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

TOWN & COUNTRY FAMILY DENTISTRY LLC  
(Name of Company)

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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.

  
\_\_\_\_\_  
Registered Agent

  
\_\_\_\_\_  
Signature of a member of 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.)

Carla J. Martinez  
Typed or printed name of signee

705000234168