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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

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Tampa Xpress Touch, LLC

- \_\_\_ 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
- \_\_\_ Courier

Signature

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**ARTICLES OF ORGANIZATION  
FOR  
TAMPA LASER TOUCH, LLC  
A FLORIDA LIMITED LIABILITY COMPANY**

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TALLAHASSEE, FLORIDA

**ARTICLE I-Name:**

The name of the Limited Liability Company is:

**TAMPA LASER TOUCH, LLC**

**ARTICLE II-Address:**

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

**8002 Gunn Highway  
Tampa, Florida 33626**

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

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

**Rita Moroz  
8510 Woodbridge Boulevard  
Tampa, Florida 33615**

*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 obligations of my position as registered agent as provided for in Chapter 608, F.S.*

  
\_\_\_\_\_  
**RITA MOROZ**

**ARTICLE IV-Management**

The Limited Liability Company is to be managed by one or more members and is therefore a member-managed company.

**ARTICLE V- Managing Members(s):**

The name and address of each Managing Member is as follows:

Title:  
MGRM

MGRM

Name and Address:  
Rita Moroz  
8510 Woodbridge Boulevard  
Tampa, Florida 33615

Dental Clinic Alla

84 Ben Gurion Blvd  
Q. MOZKIN  
ISRAEL

**ARTICLE VI-Effective Date:**

This Limited Liability Company is to become effective upon listing of this certificate with the Secretary of State.

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.

Moroz  
RITA MOROZ

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**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 SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

**TAMPA LASER TOUCH, LLC**

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

**Rita Moroz  
8510 Woodbridge Boulevard  
Tampa, Florida 33615**

*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 obligations of my position as registered agent as provided for in Chapter 608, F.S.*

01-07-06  
Date

Moroz  
RITA MOROZ

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