

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

**Special Instructions to Filing Officer:**

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	52
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06 FEB 17 AM 7:12  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

N. Gulligan FEB 22 2006

LAW OFFICES  
**FRESHMAN FRESHMAN & TRAITZ**  
PROFESSIONAL ASSOCIATION

JERALD A. FRESHMAN  
LAWRENCE N. FRESHMAN  
JAMES J. TRAITZ

February 2, 2006

9155 SOUTH DADELAND BOULEVARD  
SUITE 1014  
MIAMI, FLORIDA 33156  
TELEPHONE (305) 670-1400  
TOLL FREE (800) 317-8525  
FAX (305) 670-1410

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Fla. 32314

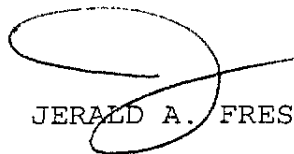
Re: Articles of Organization for Podo-Endodontic Services,  
LLC

Gentlemen:

Enclosed is an original and one copy of the Articles of Organization for Podo-Endodontic Services, LLC together with check in the sum of \$160.00 for the filing fee and certified copy and Certificate of Status. Please mail the certified copy of certificate back to my office in the enclosed self-addressed stamped envelope.

Thank you for your prompt attention and assistance.

Very truly yours,

  
JERALD A. FRESHMAN

JAF:lrg

Enclosures

cc: Dr. Richard Feder

ARTICLES OF ORGANIZATION FOR  
PEDO-ENDODONTIC SERVICES, LLC

ARTICLE I - NAME

The name of the Limited Liability Company is:

PEDO-ENDODONTIC SERVICES, LLC

ARTICLE II - ADDRESS

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

Principal Office Address

7311 S. W. 62 Avenue  
Suite 203  
South Miami, Fla. 33143

Mailing Address:

7311 S. W. 62 Avenue  
Suite 203  
South Miami, Fla. 33143

ARTICLE III - REGISTERD AGENT, REGISTERED OFFICE,  
AND REGISTERED AGENT'S SIGNATURE

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

JERALD A. FRESHMAN, ESQ.  
FRESHMAN FRESHMAN & TRAITZ, P.A.  
9155 South Dadeland Boulevard  
Suite 1014 Dadeland Centre  
Miami, Florida 33156

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 F.S.

  
Registered Agent's Signature

**ARTICLE IV - MANAGER(S) OR MANAGING MEMBER(S)**

**Title:**

**Name and Address:**

Managing Member

Richard Feder, D.D.S.  
14224 S.W. 103 Court  
Miami, Florida 33176

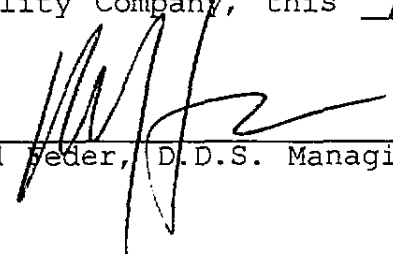
Managing Member

Howard Levine, D.D.S., P.A.  
127 N.W. 12<sup>th</sup> Avenue  
Miami, Florida 33126

Managing Member

Kenneth Knopf, D.D.S.  
12840 Hickory Road  
North Miami, Florida 33181

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization of Limited Liability Company, this 1 day of February, 2006.

  
Richard Feder, D.D.S. Managing Member

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06 FEB 17 AM 7:12  
STATE  
TALLAHASSEE, FLORIDA

(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).