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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

J. BRYAN JUN 9 2006

ANN HILL  
SMITH, THOMPSON, SHAW & MANAUSA

Requester's Name

3520 Thomasville Road, 4<sup>th</sup> Floor

Address

Tallahassee, Florida 32309

241-0123

City/State/Zip

Phone #

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

1. Periodontal Investment, LLC  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

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**NEW FILINGS**

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

**AMENDMENTS**

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

9 PM 1:00

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Examiner's Initials

# ARTICLES OF ORGANIZATION of PERIODONTAL INVESTMENT, LLC

\*\*\*\*\*

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes (the "Florida Limited Liability Company Act"), for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

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TALLAHASSEE, FLORIDA

1. **NAME.**

The name of the Limited Liability Company is **PERIODONTAL INVESTMENT, LLC** (hereinafter referred to as the "Company").

2. **PERIOD OF DURATION.**

The period of duration of the Company shall be perpetual, unless it is dissolved as provided in the Florida Limited Liability Act or the written Operating Agreement to be executed by the Member(s) of the Company.

3. **PURPOSE.**

To engage in any and all other businesses and activities permitted by the laws of the State of Florida or any adjacent states. The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

4. **ADDRESS OF PLACE OF BUSINESS.**

The mailing and street address of the place of business in Florida for the Company is: 1614 West Plaza Drive, Tallahassee, Florida, 32308. Such address may be changed from time to time as provided in the Operating Agreement.

5. **REGISTERED AGENT.**

The initial registered agent in Florida for the Company is: William T. Baldock and the initial, registered office is located at 1614 West Plaza Drive, Tallahassee, Florida 32308

6. **INITIAL CAPITAL CONTRIBUTION.**

The total amount of cash contributed to the Company is as follows:

<b><u>NAME</u></b>	<b><u>CONTRIBUTION</u></b>
Periodontal Associates of North Florida, P.A. Profit Sharing Plan	\$1,000.00

7. **ADDITIONAL CONTRIBUTIONS.**

The total additional contributions, if any, agreed to be made by the Member and the times at which, or the events of happening of which, that shall be made, if any, will be made upon agreement of the Member, or as otherwise provided in the Operating Agreement.

8. **ADDITIONAL MEMBERS.**

The Company shall have one (1) Member: Periodontal Associates of North Florida, P.A. Profit Sharing Plan. Additional Members may be admitted the hen existing member(s), or as otherwise provided in the Operating Agreement.

9. **CONTINUITY OF BUSINESS.**

Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of the Member or the occurrence of any other event which terminates the business of the Company shall be continued by the successor to the Member

10. **MANAGEMENT.**

The Company is a member-managed company. The name and address of the Managing Member or until its successors are duly elected and qualified is Periodontal Associates of North Florida, P. A. Profit Sharing Plan, 1614 West Plaza Drive, Tallahassee, Florida, 32308

11. **INDEMNIFICATION.**

Except as expressly provided otherwise in the Operating Agreement, the Company shall indemnify any manager or former manager to the full extent permitted under the Florida Limited Liability Company Act.

**EXECUTED** at Tallahassee, Leon County, Florida this 6th day of June 2006

MANAGING MEMBER  
**PERIODONTAL ASSOCIATES OF NORTH FLORIDA, P. A. PROFIT SHARING PLAN**

BY: 

**WILLIAM T. BALDOCK, TRUSTEE**

BY: 

**WALTER E. COLON, II, TRUSTEE**

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TALLAHASSEE, FLORIDA

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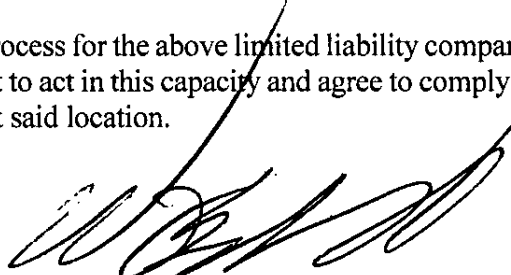
**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT WITH WHOM PROCESS MAY BE SERVED.**

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: **PERIODONTAL INVESTMENT, LLC.**
2. The name of the registered agent and office is William Tyler Baldock, 1614 West Plaza Drive, Tallahassee, Florida, 32308

**ACKNOWLEDGEMENT**

Having been named to accept service of process for the above limited liability company, at the place designated in this certificate, I hereby accept to act in this capacity and agree to comply with the provision of said Act relative to being available at said location.

  
\_\_\_\_\_  
**William T. Baldock**  
*Registered Agent*

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**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**