

L060000112388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

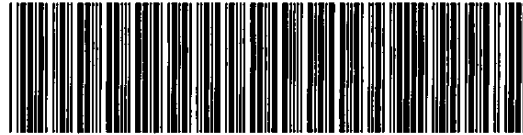
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/20/06--01016--006 **125.00

EFFECTIVE DATE

11/14/06

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 NOV 20 PM 2:44

J. BRYAN

NOV 21 2006

Evelyn Noel - Accountant

MEMBER NATIONAL ASSOCIATION OF PUBLIC ACCOUNTANTS

3711 TROUT RIVER BLVD.
JACKSONVILLE, FLORIDA 32208
TELEPHONE 768-6486

November 14, 2006

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 NOV 20 PM 2:45

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

re: The Substitute Dental Hygienst LLC,

Gentlemen:

Attached is the Registration papers for the above mentioned newly formed LLC dated 11-14-2006. Please if your office has any questions please feel free to contact me at 904-768-6486 or by fax 904-764-1881. Please also return all papers to me at 3711 Trout River Blvd. Jacksonville, Florida. 32208.

Sincerely thanking you in advance.

Sincerely,

Evelyn Noel
Evelyn Noel

cc; file

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Substitute Dental Hygienist LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Evelyn Noel

(Name of Person)

Evelyn Noel Accountant

(Firm/Company)

3711 Trout River Blvd

(Address)

Jacksonville Florida 32208

(City/State and Zip Code)

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SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
06 NOV 20 PM 2:45

For further information concerning this matter, please call:

Evelyn Noel

(Name of Person)

at (904) 768-6486

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|---|---|---|

Mailing Address

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

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Substitute Dental Hygienist LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

Tonja Young

3711 Trout River Blvd
Jacksonville Florida 32209

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Tonja Young

Name

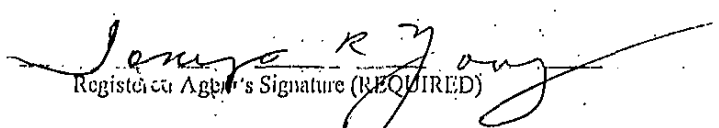
8267 Mathonia Avenue

Florida street address (P.O. Box NOT acceptable)

Jacksonville Florida 32211

City, State, and Zip

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 (REQUIRED)

(CONTINUED)

Page 1 of 2

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DIVISION
06 NOV 20 PM 2:45

EFFECTIVE DATE

11/14/06

ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Tonja Young

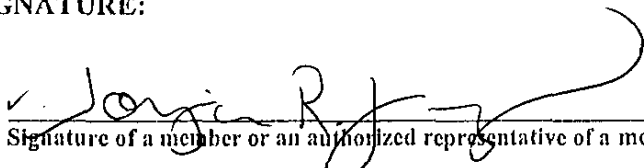
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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 11-14-2006. (OPTIONAL.)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:


Signature of a member or 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.)

Tonja Young

Typed or printed name of signer

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)