

L07000000783

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

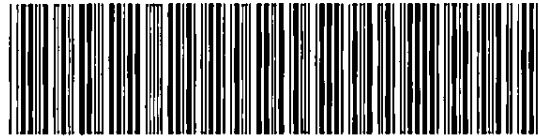
(Business Entity Name)

(Document Number)

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

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2017 AUG -4 AM 9:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

17 AUG -4 AM 11:49

K. SALY

AUG -9 2017

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Seaside Smiles PLLC

Signature \_\_\_\_\_

Requested by: SETH

8/3/17

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

\_\_\_\_ 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 \_\_\_\_\_

**STATEMENT OF AUTHORITY  
SEASIDE SMILES, PLLC**

Pursuant to Section 605.0302(1), *Florida Statutes*, this limited liability company submits and files the following statement of authority (the "Statement"): FILED  
2017 AUG -4 AM 9:39  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA

FIRST: The name of the limited liability company is: Seaside Smiles, PLLC (the "Company").

SECOND: The Florida Document Number of the limited liability company is: L07000000783.

THIRD: The street and mailing address of the Company's principal office is:

3725 12<sup>th</sup> Court, Ste. B  
Vero Beach, FL 32960

FOURTH: The Company has adopted an operating agreement as of the Effective Date of this Statement.

FIFTH: This Statement grants authority to the following Manager with respect to her authority to bind and act on behalf of the Company:

1. **AUTHORITY GRANTED:** **Mindy M. Hall**, who is a Manager of the Company, as stated on the Articles of Organization and Operating Agreement, acting alone, has the authority to act on behalf of the Company to:

a. Execute, acknowledge, deliver and exercise, on behalf of the Company, any instruments or records transferring, encumbering, or otherwise affecting any of the real property and personal property owned or held by the Company; specifically, **Mindy M. Hall** is granted such authority to bind the Company, and property of the Company, with respect to that certain asset sale and purchase of the dental practice, Seaside Smiles, PLLC, to Seaside Smiles Pediatric Dentistry, PLLC, a Florida limited liability company, to be closed at a time subsequent to the Effective Date of this Statement of Authority.

b. Enter into transactions on behalf of, or otherwise act for, or bind, the Company, and, in connection therewith, to execute, acknowledge, deliver and exercise on behalf of the Company any and all documents, instruments and records deemed by him to be necessary or ancillary to affect the matters set forth in item "a", above.

c. Any enlargement on **Mindy M. Hall's** authority, above, may only be approved, and such authority to bind the Company granted, by a written statement of authority by all of the undersigned, representing a majority of the Members of the Company.

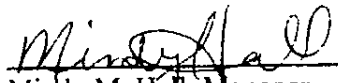
2. **EFFECTIVE DATE:** This Statement is effective as of the date it is filed with the Florida Department of State, Division of Corporations. If this Statement shall cancel by operation of law, pursuant to §605.0302(10), then all authority herein granted shall be rescinded and withdrawn.

[Signature Page Follows]

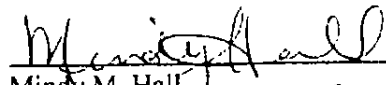
[Signature Page to Statement of Authority]

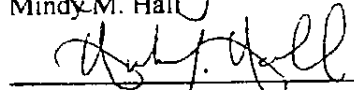
**COMPANY**

Seaside Smiles, PLLC  
a Florida limited liability company

  
Mindy M. Hall, Manager

**MEMBERS**

  
Mindy M. Hall

  
Andrew L. Hall

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA