

L07000019536

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

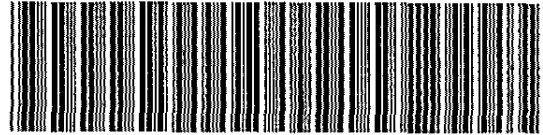
(Document Number)

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Certificates of Status _____

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STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
07 MAR -1 PM 1:49

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DENTAL CONSULTING SOLUTIONS, LLC
(Name of Limited Liability Company)

L070000 19 536

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

SANDRA FLOREZ

(Name of Person)

(Firm/Company)

19 TUSCANY POINTE AVE

(Address)

ORLANDO FL 32807

(City/State and Zip Code)

For further information concerning this matter, please call:

SANDRA FLOREZ

(Name of Person)

at (407) 616-6751

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

CR2E062 (08/05)

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DIVISION OF CORPORATIONS
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**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is:
DENTAL CONSULTING SOLUTIONS, LLC

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:
THE INCORRECT STATEMENT IS ARTICLE I.

THE NAME OF THE LIMITED LIABILITY COMPANY SHOULD READ AS;

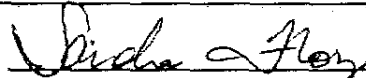
DENTAL SOLUTIONS CONSULTING, LLC

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

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Dated: FEBRUARY 26, 2007



Signature of a member or authorized representative of a member

SANDRA FLOREZ

Typed or printed name of signee

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DENTAL SOLUTIONS CONSULTING, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

19 TUSCANY POINTE AVE
ORLANDO, FL 32807

Mailing Address:

19 TUSCANY POINTE AVE
ORLANDO, FL 32807

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:

SANDRA FLOREZ

Name

19 TUSCANY POINTE AVE

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

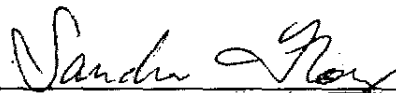
ORLANDO

FL 32807

City, State, and Zip

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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)

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