

L07000026151

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

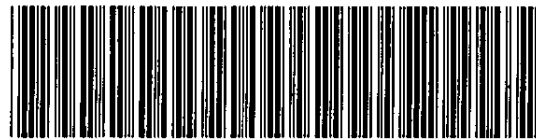
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100091521081

03/08/07--01023--001 **150.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 MAR - 8 AM 11:01

J. BRYAN MAR - 9 2007



JONATHAN S. DEAN, P.A.
SUSAN E. DEAN, P.A.

A LIMITED LIABILITY PARTNERSHIP
CONSISTING OF PROFESSIONAL ASSOCIATIONS
ATTORNEYS AT LAW

TELEPHONE: (352) 430-1326
FAX: (352) 430-1329
E-MAIL: jondean@deananddean.net
suedeand@deananddean.net

MAILING ADDRESS:
11714 NE 62ND TERRACE • SUITE 400
THE VILLAGES, FLORIDA 32162

Secretary of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314-6327

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 MAR - 8 AM 11:01

RE: KATHLEEN WILLIAMS, DMD, LLC

Dear Sirs:

Enclosed please find our firm's check in the amount of \$150.00 representing the filing fee for the enclosed Articles of Organization for Florida Limited Liability Company. I have also enclosed a copy of the Articles to be returned marked "Filed."

If you have any questions regarding the aforementioned, please do not hesitate to contact me.

Very truly yours,

DEAN AND DEAN, L.L.P.

Lourdes Varela
Secretary

/lmv
Enclosures

\\CORP\SECSTATE\ART

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KATHLEEN WILLIAMS, DMD, 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:

3246 SW 34th Street

Apt. 1115

Ocala, Florida 34474

Mailing Address:

3246 SW 34th Street

Apt. 1115

Ocala, Florida 34474

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
MAR - 8 AM 11:01

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:

Kathleen Williams

Name

3246 SW 34th Street, # 1115

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

Ocala, Florida 34474

FL

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.

Kathleen Williams

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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:

MGRM

Kathleen Williams

3246 SW 34th Street, # 1115

Ocala, Florida 34474

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 MAR -8 AM 11:01

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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:

Kathleen Williams

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.)

Kathleen Williams

Typed or printed name of signee

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)