

LO7000066235

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

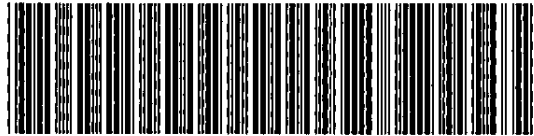
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300102109273

RECEIVED
07 JUN 25 PM 12:40
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
07 JUN 25 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032
REFERENCE : 965532 80523A
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 125.00

FILED
07 JUN 25 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : June 25, 2007
ORDER TIME : 11:12 AM
ORDER NO. : 965532-025
CUSTOMER NO: 80523A

DOMESTIC FILING

NAME: ORTEGA PROFESSIONAL
ORTHODONTICS, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kathy Drake - EXT. 2959

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION
FOR
ORTEGA PROFESSIONAL ORTHODONTICS, LLC

FILED
07 JUN 25 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned authorized representative hereby executes these Articles of Organization for the purpose of forming a limited liability company under the laws of the State of Florida.

ARTICLE I - NAME

The name of this limited liability company is: ORTEGA PROFESSIONAL ORTHODONTICS, LLC.

ARTICLE II - ADDRESS

The mailing address and the street address of the principal office of the limited liability company are: 14650 Island Drive, Jacksonville, Florida 32250.

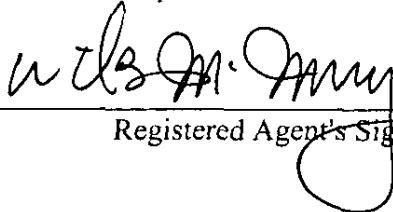
ARTICLE III - REGISTERED AGENT,

REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

William B. McMenamy
Donahoo, Ball & McMenamy, P.A.
50 North Laura Street, Suite 2925
Jacksonville, Florida 32202

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, Florida Statutes



Registered Agent's Signature

ARTICLE IV - DURATION

This limited liability company is to exist perpetually.

ARTICLE V - PURPOSE

This limited liability company is organized for the purpose of transacting any and all lawful business for which limited liability companies may be organized under the Florida Limited Liability Company Act, Chapter 608, Florida Statutes, 1997, as amended.

ARTICLE VI - MANAGEMENT

This limited liability company is to be managed by the member and the name and address of the managing member are:

NAME

Daniel J. Schellhase

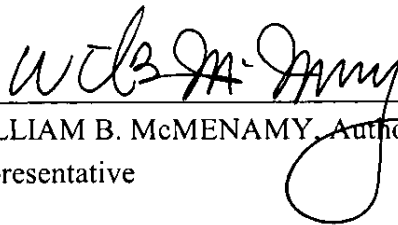
ADDRESS

14650 Island Drive
Jacksonville, Florida 32250

ARTICLE VII - ADMISSION OF ADDITIONAL MEMBERS

No person may be admitted as an additional member of this limited liability company unless each member consents in writing to the admission of the additional member.

IN WITNESS WHEREOF, I, the undersigned authorized representative, have hereunto set my hand and seal this 22nd day of June, 2007, for the purpose of forming this limited liability company under the laws of the State of Florida, and I hereby make and file in the office of the Secretary of the State of Florida, these Articles of Organization and certify that the facts herein stated are true.



WILLIAM B. McMENAMY, Authorized
Representative

STATE OF FLORIDA
COUNTY OF DUVAL

SUBSCRIBED, SWORN AND ACKNOWLEDGED to before me by WILLIAM B. McMENAMY, who is (X) personally known to me or () has produced _____ as identification, this 22nd day of June, 2007.

Susan K. Williams
Notary Public, State of Florida at Large

(...SUSAN K. Williams...)

Print name below signature

My Commission Expires:

My Commission Number:

