

LO7000070408

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

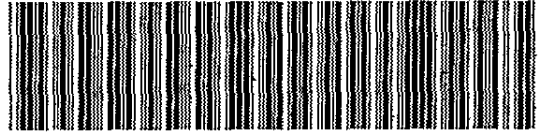
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100104719191

07/05/07--01015--022 **125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 JUL -5 P 3:12

FILED
AL

John Roberts, P.A.

ATTORNEY AT LAW

P.O. Box 1419

Ocala, Florida 34478-1419

July 3, 2007

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: LLC Filing
The Handpiece Guy, L.L.C.

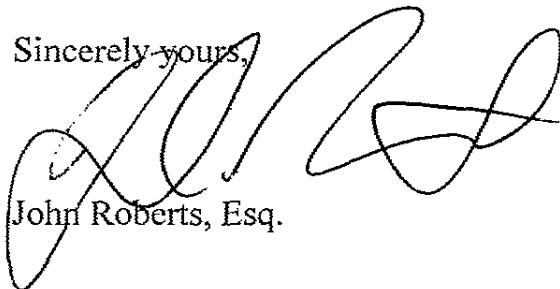
Dear Sir or Madam:

Enclosed, please find the Articles of Organization for a new limited liability company, for The Handpiece Guy, L.L.C.

Please process in your normal course of business and send me the letter of acknowledgment.

Please contact my office should you have any questions or concerns.

Sincerely yours,



John Roberts, Esq.

FILED
2007 JUL -5 P 3 12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JOHN ROBERTS, P.A.

⚖ Criminal Defense

⚖ Family Law

⚖ Personal Injury

⚖ Workers' Compensation

116 South Magnolia Avenue, Suite 3, Ocala, Florida 34474

•Office 352-401-5646 •Toll-Free 1-800-790-0841 •Fax 352-351-8692

ARTICLES OF ORGANIZATION

OF

The Handpiece Guy, L.L.C.

a Florida Limited Liability Company

The undersigned, acting as the organizer for this Florida Limited Liability Company hereby formed under the Florida Limited Liability Company Act, Chapter 608 of the Florida Statutes, and the undersigned hereby adopts the following Articles of Organization for this Limited Liability Company:

ARTICLE I – COMPANY NAME & ADDRESS

The name of this Limited Liability Company is **The Handpiece Guy, L.L.C.** and the mailing address for the principal office of this company is 405 Pearl Street, Melrose, FL 32666. The telephone number is (352) 475-9672.

ARTICLE II – PURPOSE

The Limited Liability Company is organized for any purpose lawful under the laws of the State of Florida and under the laws of the United States of America.

ARTICLE III – DURATION

The Limited Liability Company shall have perpetual existence, and shall commence existence upon signing these Articles or later if required by law.

ARTICLE IV – AMENDMENTS

2007 JUL 5 PM 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

These Articles of Organization can be amended at any time, upon unanimous vote of all managers.

ARTICLE V – Manager

The Limited Liability Company shall initially have One (1) Manager and until a successor(s) has been duly elected and qualified, or, if earlier, until resignation, removal from office, or death. The number of manager may be increased or decreased at any time, upon unanimous vote of all managers. The name and address of the initial manager of the Limited Liability Company is:

| <u>Name</u> | <u>Address</u> |
|------------------|---------------------------------------|
| Julie T. Collins | 405 Pearl Street Melrose, FL 32666 |

ARTICLE VI – SIGNOR

The name and address of the Signor, the person signing these Articles is:

| <u>Name</u> | <u>Address</u> |
|--------------|--|
| John Roberts | 116 S. Magnolia Ave., Ste. 1 Ocala, Florida 34474 |

ARTICLE VII – INITIAL REGISTERED AGENT AND OFFICE

The name and address of the initial Registered Agent of this Limited Liability Company is:

| <u>Name</u> | <u>Address</u> |
|--------------------|--|
| John Roberts, Esq. | 116 S. Magnolia Ave., Ste. 1 Ocala, Florida 34474 |

FILED
2001 JUL -5 P 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VIII – SPECIFIC NATURE OF BUSINESS

The specific nature of the Limited Liability Company is repair work and maintenance of dental equipment.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 3rd day of JULY, 2007.

John Roberts, Esq.
For **The Handpiece Guy, L.L.C.**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

201 JUL -5 P 3:13

FILED

STATE OF FLORIDA)
COUNTY OF MARION)

The foregoing instrument was acknowledged before me on this 3rd day of July, 2007, by **John Roberts, Esq.**, who is personally known to me or who produced _____ as identification, and

who did not take an oath.

S. Palawski
NOTARY PUBLIC-STATE OF FLORIDA
My Commission Expires:

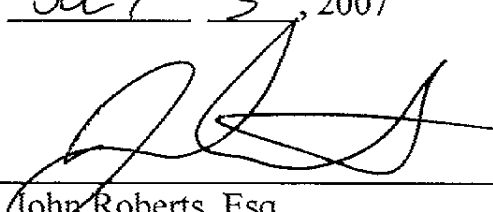


ACCEPTANCE OF DESIGNATION AS REGISTERED AGENT

I hereby accept the appointment as the initial Registered Agent of **The Handpiece Guy, L.L.C.**, a Florida Limited Liability Company.

Date: July 3, 2007

By: _____


John Roberts, Esq.
Registered Agent

FILED

2007 JUL -5 P 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA