# L07000072683

(Requestor's Name) . (Address) (Address)	600103897106
(City/State/Zip/Phone #)	07/13/0701043009 **155.00
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	RECEIVED  07 JUL 13 AM II: 53  OVER THE PROPERTY OF THE PROPER

Office Use Only

EFFECTIVE DATE 7 12 07

O7 JUL 13 PM 1:0 SECRETARY OF STA

### CAPITAL CONNECTION, INC.

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

Bella Vista Dental Medical Prope	FFFECTIVE DATE 7/12/07  Hier, LLC
	Art of Inc. File LTD Partnership File Poreign 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
Signature	Corp Record Search  Officer Search  Fictitious Search  Fictitious Owner Search
Requested by:  WL 7//3 //:00  Name Date Time	Vehicle Search  Driving Record  UCC 1 or 3 File  UCC 11 Search  UCC 11 Retrieval

EFFECTIVE DATE

## C. CALLANSSEE ARTICLES OF ORGANIZATION FOR BELLA VISTA DENTAL MEDICAL PROPERTIES

#### **ARTICLE I.**

#### **NAME**

The name of the Limited Liability Company is BELLA VISTA DENTAL MEDIC PROPERTIES, L.L.C.

#### ARTICLE II.

#### REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

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

MICHAEL F. AGNINI 418 NORTH ROAD LAKELAND, FL 33809

This will also serve as the company's principal and mailing address.

#### ARTICLE III.

#### **MANAGEMENT**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

#### **ARTICLE IV.**

#### **EFFECTIVE DATE**

The effective date of the Limited Liability Company shall be July 12, 2007.

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.

Member

#### **ACCEPTANCE BY REGISTERED AGENT**

Having been named 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.

MICHAEL F. AGNINI.

Registered Agent