

L07000092093Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000222695 3)))



H070002226953ABCO

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : THE FARR LAW FIRM
Account Number : 103654001666
Phone : (941) 639-1158
Fax Number : (941) 639-0028FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
07 SEP - 7 PM 2:08**FLORIDA/FOREIGN LIMITED LIABILITY CO.****ASSOCIATES IN DENTISTRY, P.L.**

Certificate of Status	0
Certified Copy	0
Page Count	01 02
Estimated Charge	\$125.00

JB

W07-44140

Electronic Filing Menu

Corporate Filing Menu

Help

09/07/2007 FRI 9:25 FAX

001/004

09/07/2007 08:53 IFAX 7301@farr.com

850-205-0381

9/7/2007 8:53

PAGE 001/001

Route to Email 001/001
Florida Dept of State



September 7, 2007

FLORIDA DEPARTMENT OF STATE
Division of Corporations

THE FARR LAW FIRM

SUBJECT: ASSOCIATES IN DENTISTRY, P.L.
REF: W07000044140

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 SEP - 7 PM 2:08

Due to transmission problems, your faxed document or coversheet is illegible or incomplete. Please refax the document and cover sheet to this office for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Document Specialist

FAX Aud. #: H07000222695
Letter Number: 307A00053226

RECEIVED
07 SEP - 7 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA
PROFESSIONAL LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

ASSOCIATES IN DENTISTRY, P.L.

ARTICLE II - Address:

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

18000 Toledo Blade Boulevard
Port Charlotte, Florida 33948

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

DENNIS JONES
18000 Toledo Blade Boulevard
Port Charlotte, Florida 33948

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.


DENNIS JONES, Registered Agent

ARTICLE IV - Management

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

ARTICLE V - Duration

The Limited Liability Company shall exist perpetually or until dissolved in a manner provided by law, or as provided in the operating agreement adopted by the members and shall commence its existence on the date of filing of these Articles.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 SEP - 7 PM 2:08

ARTICLE VI - Purpose

This Company is organized as a professional limited liability company under the laws of the State of Florida for the sole and specific purpose of engaging in the practice of dentistry for pecuniary profit and to do every act in connection therewith that is not prohibited by the laws of the State of Florida, these Articles of Organization or the Operating Agreement of this Company.

ARTICLE VII - Limitations

The rendering of dental services by this Company shall be carried out only through its members, officers, employees, and agents who are duly licensed or otherwise legally authorized to practice dentistry in the State of Florida. Each member of this Company must be duly licensed or authorized to practice dentistry in the State of Florida.


DENNIS JONES, Member

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 SEP -7 PM 2:08