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2017 SEP 27 PM 1: 40
SECRETARY OF STATE
AND AHASSEL, FLORIDA

107-99137

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Suncoa	ast Orthodontic Labor	atory, LLC	
	(Name of Limite	d Liability Company)	
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
Corey J. N	<u> </u>		
	(Name of Person)	
		Firm/Company)	
1978 Arka	nsas Avenue		
-		(Address)	
Englewoo	d, Fl 34224		
	· (City	/State and Zip Code)	
For further information	concerning this matter, please	call:	
Corey J. Nydegger		at (_941) 4609881	
(Name	of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check for	or the following amount:		7. 2
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155,00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing—Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns III I O

ARTICLES OF ORGANIZATION

Suncoast Orthodontic Laboratory, LLC

A LIMITED LIABILITY COMPANY

(Pursuant to s. 607.407, Florida Statutes)

- 1. <u>Name.</u> The name of the limited liability company is Suncoast Orthodontic Laboratory, LLC.
- 2. <u>Purpose.</u> The purpose of this limited liability company may include the transaction of any and all lawful business for which limited liability companies may be organized in the state of Florida.
- 3. Address of Principal Office. The address of the registered office of the limited liability company is 1978 Arkansas Avenue, Englewood, Fl 34224.
- 4. <u>Term.</u> Term of this LLC shall be perpetual.
- 5. <u>Members at Time of Formation.</u> There will be at least one member at the time the limited liability company is formed.
- 6. Period of Duration. The period of duration shall be perpetual.
- 7. <u>Management.</u> Management of the Limited Liability Company at the time of formation is reserved for the initial member(s) whose name(s) and address(es) are as follows:

Initial Members: Corey J. Nydegger 1978 Arkansas Avenue Englewood, Fl 34224

- 8. Additional Members. The names and addresses of additional members(\$) sare follows:
- 9. Admission of New Members. With the written unanimous consent of the members, new members may be admitted into the LLC upon the payment of such capital contribution and upon such terms as the members unanimously decide. In the event that new members are admitted into the LLC, the share of each new member in the profits and losses shall be in such proportion as may be agreed upon between all the members

and the new member.

Members Right to Continue Business. The remaining members of the limited liability company shall have the right to continue business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event wihich terminates the continued membership of a member in the limited liability company as further set forth in the Operating Agreement of the limited liability company

Executed this date 9/35/07

Corey J Member

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true and correct.)

2007 SEP 27 PM 1: 40
SECRETARY OF STATE

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 608.415 or 608.507, Florida Statutes, the undersigned limited liability company submits the following statement to designate a registered office and registered agent in the state of Florida.

- 1. Name. The name of the limited liability company is Suncoast Orthodontic Laboratory, LLC
- 2. <u>Registered Office.</u> The address of the registered office of the limited liability company is 1978 Arkansas Avenue, Englewood, Fl 34224.
- 3. Registered Agent. Corey J. Nydegger, is appointed, and by his signature below accepts appointment, to act as the Registered Agent of Suncoast Orthodontic Laboratory, LLC.

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.

Corey J. Nydegger

2007 SEP 27 PM 1: 40
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