

Florida 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.

(((H070002492713)))



H070002492713ABC%

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)617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)634-3594

Fax Number : (305)633-9696

FLORIDA/FOREIGN LIMITED LIABILITY CO.

brickell dental, plls

SECTE: STATE PRICES 38 TALLAH SECTE FORIDA

minntagraphic hittphicklis secretarister over menero of the first of	 **	No. 6. Section 1. Land State of the Section of the
Certificate of Status		0
Certified Copy		1
Page Count		- 03
Estimated Charge		\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

lofi

10/8/2007 10:19 AM

10\08\5001 TI:0S 302833888

(3)

H07000249271

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

BRICKELL DENTAL, PLLC

ARTICLE I

The name of the Limited Liability Company shall be: BRICKELL DENTAL, PLLC

. ARTICLE II

The purpose of the Company shall be: Dental Office.

ARTICLE III

The mailing address and street address of the principal office of the Limited Liability Company: 848 BRICKELL AVENUE, SUITE 1020, MIAMI, FLORIDA 33131

ARTICLE IV

The name and the Florida street address of the registered agent: LUISA UTSET-WARD, 848 BRICKELL AVENUE, SUITE 1020, MIAMI, FLORIDA 33131

ARTICLE V

The name of the Managing Member(s) and Member(s) shall be:

THOMAS WARD

LUISA UTSET-WARD

H07000249271

H07000249271

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE/MEMBER/REPRESENTATIVE

(Name of Company)

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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 dulies, and I am familiar with and accept the obligations of my

position as registered agent.

Signature of a member or an authorized representative of a member.

(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.)

H07000249271