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SECRETARY OF STATE

# TRANSMITTAL LETTER

Department of State **Division of Corporations** Corporate Filings P.O. Box 6327 Tallahassee, FL 32314

# SUBJECT:

## **BRIGHT SMILE DENTISTRY, LLC**

Enclosed is an original and one (1) copy of the articles of incorporation and a check for

\$100.00 Filing Fee For Florida \$30.00 Certified Copy \$25.00 Registered Agent

\$155.00 Total of Check

FROM: Isolda Gamble 4915 Dewey Rose Ct. Tampa FL 33624

## LIMITED LIABILITY COMPANY

# ARTICLES OF ORGANIZATION OF

# Bright Smile Dentistry, LLC



The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge, and file the following Articles of Organization.:

ARTICLE I -- The name of the Liability Company shall be;

# Bright Smile Dentistry, LLC

#### **ARTICLE II - ADDRESS**

The principle business address of the Company will be located at 2224 E. Columbus Dr., Tampa FL 33605

#### ARTICLE III - DRUATION

The company shall commence its existence on the date these articles of organization are filed by the Florida Department of State. The company's existence shall be perpetual unless the company is earlier dissolved as provided in these articles of organization.

#### ARTICLE IV - MANAGEMENT

The company shall be managed by managers in accordance with regulations adopted by the members for the management of the business and affairs of the company. These regulations may contain provisions for the regulation and management of the affairs of the company not inconsistent with the laws or these articles of organization that name and address of the initial manager of the company is Isolda B Gamble; 2224 E. Columbus Dr., Tampa FL 33605

#### ARTICLE V – ADMISSION OF NEW MEMBERS

No additional members shall be admitted to the company except as set forth in the regulations of the company. A member may transfer his or her interest in the company as set forth in the regulations of the company but the transferee shall have no right to participate in the management of the business and the affairs of the company or become a member unless all of the members of the company other than the member proposing to dispose of his or her interest of approve of the proposed transfer by unanimous written consent

#### ARTICLE VI - MEMBERS RIGHTS TO CONTINUE BUSINESS

The company shall be dissolve on the debt, bankruptcy, for dissolution of the member or a manager, or on the outskirts of any other event that terminates the continued membership of the member in the company, unless the business of the company is continued as set forth in the regulations of the company, and provided there are at least one remaining member

#### **ARTICLE VII – CAPITAL CONTRIBUTIONS**

The undersigned member of Bright Smile Dentistry, LLC certifies:

- a) The above named limited liability company has at least one member;
- b) The total amount of cash contributed by the members is \$1,000.
- c) If any, he agreed value of the property other than cash contributed by members is \$
- d) The total amount of cash and property contributed and anticipated to be contributed by the members is \$1,000

Signature of a 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 here and are true)

Isolda B Gamble
Typed or printed name of Signer

#### ARTICLE IX – ACCEPTANCE OF AGENT

CERETIFICATE OF DESIGNATION OF REGISTERED AGENT AND 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 DESIGNAT A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA

The name of the limited liability company is Bright Smile Dentistry, LLC

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

Isolda B Gamble 2224 E. Columbus Dr. Tampa FL 33605

Having been named as a registered agent and to accept service of process for the above stated limited liability Company at the place designated in this certificate, I hereby except 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.

Isolda B Gamble

Registered Agent /