# L00000011353

(Re	equestor's Name	)
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Na	ame)
(Do	ocument Numbe	r)
Certified Copies	_ Certificate	es of Status

Special Instructions to Filing Officer:

L. SELLERS

MAR 13 2008

**EXAMINER** 

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE. FLORIDA

FIED

## **COVER LETTER**

TO:

**Registration Section** 

Division of Corporations		
SUBJECT: Showerdent USA		
	ed Liability Comp	any) .
. The enclosed Articles of Organization and fee(s) are	submitted for filin	g.
Please return all correspondence concerning this matt	ter to the following	g:
Huijun Yang		
	(Name of Person)	
Showerdent USA		
<del></del>	(Firm/Company)	
2753 State Road 580, Suite	110	
	(Address)	
Clearwater, FL 33761		
(Cit	y/State and Zip Cod	е)
For further information concerning this matter, please	e call:	
Jerry Chang	at ( 727	455-7558 de & Daytime Telephone Number)
(Name of Person)	(Area Coo	de & Daytime Telephone Number)
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\sum \text{Certificate of Status}\$	\$155.00 Filin Certified Co (additional cop	Certificate of Status &
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrar Division Clifton I 2661 Ex	Courier Address tion Section to of Corporations Building ecutive Center Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	•
The name of the Elimica Elability Company is.	
Showerdent USA, LLC	
(Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
18860 US 19 N.	2753 State Road 580, Suite 110
Suite 127	Clearwater, FL 33761
Clearwater, FL 33764	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the re	red Agent. You must designate an individual or another
	gistered agent are.
Huijun Yang	
Name	
2753 State Road 580	, Suite 110
Florida street addr	ess (P.O. Box <u>NOT</u> acceptable)
Clearwater, FL 33761	FI
City, State, an	
	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2 2000 MAR II PH 12: II

# ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

MGRM	-	Jerry Chang 8243 - 118 Ave. N., Largo, FL 33773
MGRM		Huijun Yang
		2753 State Road 580, Suite 110
		Clearwater, FL 33761
	-	,
(Use attachment if	necessary)	
LE V: Effective da ffective date is listed days after the date	d, the date must be	date of filing: (OPTIONA e specific and cannot be more than five business day

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.)

HUIJUN YANG
Typed or printed name of signee

### Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)