

L08000035343

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.

((H08000090305 3))



H080000903053ABCZ

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 : FASTKIT CORPORATE OUTFITS
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

08 APR - 8 AM 10: 09

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

RECEIVED

08 APR - 8 AM 6: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

JERALD W. GRIMES, DDS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

G. MCLEOD

APR - 9 2008

EXAMINER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
08 APR - 8 AM 10: 09

ARTICLES OF ORGANIZATION
FOR
JERALD W. GRIMES, DDS, LLC

ARTICLE I

NAME: The name of the Limited Liability Company is:

JERALD W. GRIMES, DDS, LLC

ARTICLE II

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

1525 S. Alafaya Trail
Suite 103
Orlando, Florida 32828


ARTICLE III

REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S

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

JERALD W. GRIMES, Mgrm.
1525 S. Alafaya Trail
Suite 103
Orlando, Florida 32828

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, Florida Statutes.


Registered Agent's Signature

ARTICLE IV

PURPOSE: The purpose of this organization is to provide dental care and treatment.

ARTICLE V

MANAGER(S) OR MANAGING MEMBER(S):

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

JERALD W. GRIMES, Mgrm.
1252 S. Alafaya Trail
Suite 103
Orlando, Florida 32828


JERALD W. GRIMES, MGRM.

(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.)

JERALD W. GRIMES, MGRM.
Printed name of Signee