

L080000042518

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

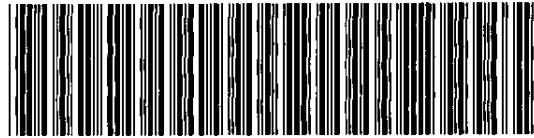
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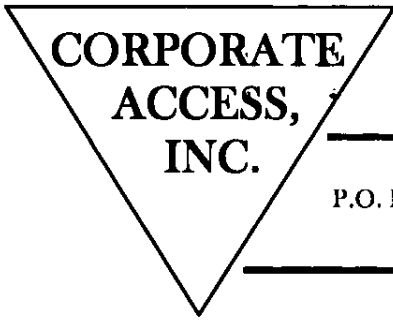
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- ☒ CERTIFIED COPY _____
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1. Walding & Associates, LLC
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

**ARTICLES OF ORGANIZATION OF
WALDING & ASSOCIATES, LLC**

The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies that:

ARTICLE I — Name:

The name of the limited liability company (hereinafter referred to as ("the Company")) is "WALDING & ASSOCIATES, LLC."

ARTICLE II — Address:

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

Principal Office Address:

3615 S. Florida Avenue
Suite 850
Lakeland, Florida 33803

Mailing Address:

3615 S. Florida Avenue
Suite 850
Lakeland, Florida 33803

ARTICLE III — Registered Agent:

The name and the Florida street address of the initial registered agent is:

STEPHEN J. WALDING, III, D.M.D
3615 S. Florida Avenue
Suite 850
Lakeland, Florida 33803

ARTICLE IV – Management:

The name and address of the Managing Member is as follows:

STEPHEN J. WALDING, III, D.M.D
3615 S. Florida Avenue
Suite 850
Lakeland, Florida 33803


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ARTICLE V – Limitation on Agency Authority of Members:

Pursuant to section 608.4235 of the Florida Limited Company Act, no member of the Company shall be an agent of the Company solely by virtue of being a member.

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledge them to be my act this 24th day of April 2008.

MEMBER(S):

By: 
STEPHEN J. WALDING, III, D.M.D
Member

STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

I hereby accept the designation as registered agent to accept service of process for the above named limited liability company at the place designated in this statement. I am familiar with and accept the obligations of my position as registered agent under Chapter 608, Florida Statutes.

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

By: 
STEPHEN J. WALDING, III, D.M.D
Registered Agent

Date: 4/24/08