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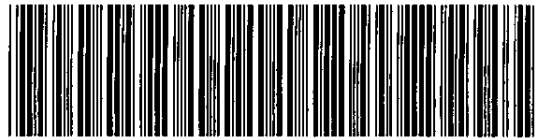
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C.A. 10-6



WELLBAUM & EMERY, P.A.

R.W. WELLBAUM, JR.
LORI WELLBAUM EMERY*
SARA SAWYER BOELLER
*ALSO ADMITTED IN CALIFORNIA

686 NORTH INDIANA AVENUE, SUITE A
ENGLEWOOD, FLORIDA 34223
TELEPHONE (941) 474-3241
FAX (941) 475-2927

September 29, 2008

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: FLORIDA EMERGENCY DENTAL CARE,
LIMITED LIABILITY COMPANY

Dear Sir or Madam:

Please find enclosed an original and one copy of the Articles of Organization for Florida Limited Liability Company and the Designation of Registered Agent for the above referenced matter.

Please file the Articles of Organization with the State and return a certified copy of same to my office.

Also enclosed is a check in the amount of \$155.00 for costs of filing.

Thank you for your cooperation. Should you have any questions, please contact my office.

Very truly yours,


Lori Wellbaum Emery

LWEljr

Enclosures



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 6, 2008

WELLBAUM & EMERY, P.A.
686 N. INDIANA AVE., STE. A
ENGLEWOOD, FL 34223

SUBJECT: FLORIDA EMERGENCY DENTAL CARE, LIMITED LIABILITY
COMPANY
Ref. Number: W08000046005

We have received your document for FLORIDA EMERGENCY DENTAL CARE, LIMITED LIABILITY COMPANY and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent and street address must be consistent wherever it appears in your document.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration Section

Letter Number: 308A00052691

**ARTICLES OF ORGANIZATION OF
FLORIDA EMERGENCY DENTAL CARE, LIMITED LIABILITY COMPANY**

ARTICLE I

Name

The name of the Limited Liability Company is FLORIDA EMERGENCY DENTAL CARE, LIMITED LIABILITY COMPANY.

ARTICLE II

Address

The mailing and street address of the Company's principal office is 1825 Tamiami Trail, Unit A-4, Port Charlotte, Florida 33948.

ARTICLE III

Duration

The period of duration of the Company is perpetual, beginning on the date these Articles of Organization are filed by the Florida Department of State.

ARTICLE IV

Registered Agent and Office

The name of Company's initial registered agent in Florida is RYAN E. ROBERTS. The address of Company's registered office in Florida is 1825 Tamiami Trail, Unit A-4, Port Charlotte, Florida 33948.

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TALLAHASSEE, FLORIDA

ARTICLE V

Management

The Company is to be managed by MICHAEL THOMASINO, JAMES N. BOELLER and RYAN E. ROBERTS. They will serve until the first annual meeting of the members. The initial managers are identified as follows:

MICHAEL THOMASINO
13032 Kernan Mill Lane
South Jacksonville, FL 32224

JAMES N. BOELLER
440 Lake of the Woods Drive
Venice, FL 34293

RYAN E. ROBERTS
889 Rotonda Circle
Rotonda West, FL 33947

ARTICLE VI

Admission of New Members

Members of the Company have the right to admit new members. Additional members may be admitted only on the unanimous written consent of the existing members, and the existing members shall determine the amount and nature of contributions by new members at the time the new members are admitted.

ARTICLE VII

Continuation of Business

The remaining members of the Company have the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event, which terminates the continued membership of a member in the Company. The business may be continued only on the unanimous written consent of the remaining members.

ARTICLE VIII

Additional Provisions

The power to adopt, alter, amend, or repeal the regulations of the Company is vested entirely in the managers listed in Article V.

IN WITNESS WHEREOF, we have executed these Articles of Organization on this 24th day of September, 2008, at Englewood, Sarasota County, Florida.


MICHAEL THOMASINO


JAMES N. BOELLER


RYAN E. ROBERTS

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Florida Statute Section 608.415 or 608.507, the undersigned Limited Liability Company submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the limited liability company is:

FLORIDA EMERGENCY DENTAL CARE, LIMITED LIABILITY COMPANY

2. The name and address of the registered agent and office is:

RYAN E. ROBERTS
1825 TAMiami TRAIL
UNIT A-4
PORT CHARLOTTE FL 33948

Having been named as registered agent and to accept service of process for the above-named 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.

Dated: 9-24-08



RYAN E. ROBERTS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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