

LO8000097228

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

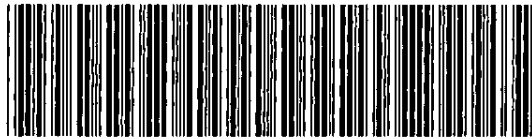
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/15/08

BRENNAN, MANNA & DIAMOND

ATTORNEYS & COUNSELORS AT LAW

Shannan L. Mullenix
Phone: (330) 253 - 5060 ext. 159
Fax: (330) 253 - 1977
slmullenix@bmdllc.com

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

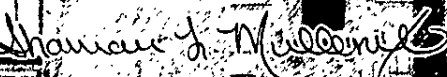
RE: Wall Smiles, LLC

Dear Sir or Madam:

Enclosed please find the Articles of Organization for the above-referenced entity, along with the check in the amount of \$125.00 for the filing fee. Please file the same and return any receipts and/or certificates to me.

Thank you for your time and attention to this matter. Please feel free to contact me with any questions you may have.

Very truly yours,



Shannan L. Mullenix
Paralegal

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Wall Smiles, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shannan L. Mullenix

(Name of Person)

Brennan, Manna & Diamond, LLC

(Firm/Company)

75 East Market Street

(Address)

Akron, OH 44308

(City/State and Zip Code)

For further information concerning this matter, please call:

Shannan L. Mullenix at **(330) 253-5060, Ext. 159**
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

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

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FL
SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Wall Smiles, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

818 Highway A1A North, Suite 209
Ponte Vedra Beach, Florida 32082

Mailing Address:

818 Highway A1A North, Suite 209
Ponte Vedra Beach, Florida 32082

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

BMD Florida Service, LLC

Name

800 W. Monroe Street

Florida street address (P.O. Box **NOT** acceptable)

Jacksonville FL 32202

City, State, and Zip

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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)

John F. Martin, Vice President

(CONTINUED)

Page 1 of 2

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Dr. Jason Olitsky

818 Highway A1A North, Suite 209

Ponte Vedra Beach, Florida 32082

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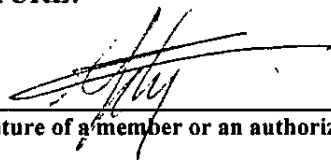
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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



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.)

Yong-Chang Tang

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)