# 108000/03037

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100137350211

11/03/08--01038--014 \*\*125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Section of the sectio

T. CLINE

NOV - 4 2008

**EXAMINER** 

## LAW OFFICES McCLELLAND, JONES LYONS, LACEY & WILLIAMS, L.L.C.

CLIFTON A. MCCLELLAND, JR. HARRY A. JONES AARON D. LYONS STEPHEN J. LACEY TIMOTHY M. WILLIAMS

ONE HARBOR PLACE
1901 SOUTH HARBOR CITY BLVD.
SUITE 500
MELBOURNE, FLORIDA 32901-4770

TEL (321) 984-2700 FAX (321)723-4092 <u>HJONES@MJLANDL.COM</u> Private Line: (321) 984-9859

October 29, 2008

Secretary of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32301

Re: Articles of Organization of ARTISTIC SMILES OF ORLANDO, PL

Dear Sir/Madam:

Enclosed find an original and one copy of Articles of Organization for the above captioned Limited Liability Company, together with check in the sum of \$125.00 to cover your filing fees.

Please stamp the copy of the Articles of Organization with the date received in your office and return to the undersigned.

Thank you for your assistance in this matter.

Very truly yours,

Carol F. Smith, Paralegal to Harry A. Jones, Esquire

Enclosures: As Noted

#### ARTICLES OF ORGANIZATION

OF

#### ARTISTIC SMILES OF ORLANDO, P.L.

The undersigned acting as the organizer of ARTISTIC SMILES OF ORLANDO, P.L., under the Florida Professional Services Corporation and Limited Liability Company Act, Chapter 621, Fla. Stat., adopt the following Articles of Organization:

#### **ARTICLE I – Name:**

The name of the professional limited liability company is ARTISTIC SMILES OF ORLANDO, P.L. (the "Company").

#### **ARTICLE II – Address:**

The mailing address and street address of the principal office of the professional limited liability company is 1532 Lucky Pennie Way, Apopka, Fl 32712.

#### **ARTICLE III – Duration:**

The period of duration for the Company shall be perpetual, unless dissolved in accordance with the terms of the Regulations of the Company.

#### ARTICLE IV – Purpose:

The Company is organized for the purpose of practicing dentistry and engaging in any other lawful activity permitted under Chapter 621, Fla. Stat.

#### **ARTICLE V – Management:**

The Company is to be managed by its Member(s) and the names and address of the initial Member is:

Name:

Address:

Jugnu Dhamija, D.M.D.

1532 Lucky Pennie Way Apopka, FL 32712

Upon unanimous vote of the Member(s) the Company may be managed by a Manager, who shall be elected as described in the Regulations.

#### **ARTICLE VI- Admission of Additional Members:**

The Company shall admit new Members only upon the unanimous written consent of all then existing Members of the Company and in accordance with Chapter 621, Fla. Stat.

#### **ARTICLE VII – Adoption of Regulations:**

The Company shall adopt Regulations for the Company, which Regulations may contain any provisions for the regulation and management of the affairs of the Company not inconsistent with these Articles of Organization or Chapter 621 Fla. Stat.

#### **ARTICLE VIII- Initial Registered Agent and Office:**

The initial registered agent for the Company shall be Jugnu Dhamija, D.M.D., and the street address of the Company's initial registered office is 1532 Lucky Pennie Way, Apopka, FL 32712.

#### **ARTICLE IX- Amendments:**

The Company reserves the right to amend any provision of these Articles of Organization, which amendment shall only be effectuated by the unanimous written approval of all Members of the Company.

#### **ARTICLE X – Continuation of Business:**

Unless dissolved in accordance with the Company's Regulations, the remaining Members shall continue the business of the Company, which shall not be dissolved, upon 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 WITNESS WHEREOF, the undersigned Member have executed these Articles of Organization as of this C day of October , 2008.

Jugnu Dhamija, D.M.D., Member

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/RESIDENT AGENT, IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is ARTISTIC SMILES OF ORLANDO, P.L.
- 2. The name and address of the registered agent and office is:

Jugnu Dhamija, D.M.D. 1532 Lucky Pennie Way Apopka, FL 32712

By: 

By: 

| Dated this | Date

Having been name 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. If 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.

: Jugnu Dhamija, D.M.D.

Dated this Stay of October, 2008.