

LD8000106584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

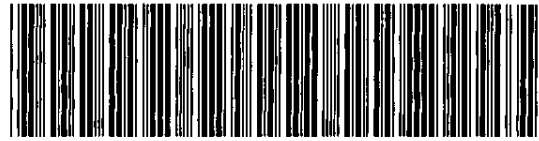
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400137840344

11/14/08--01057--009 \*\*125.01

09 NOV 14 AM 10:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

M. THOMAS  
NOV 17 2008  
EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** EMERALD COAST TEETH WHITENING, 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:

JOHN WAYNE DIXON

(Name of Person)

EMERALD COAST TEETH WHITE, LLC

(Firm/Company)

5632 THOMAS DR

(Address)

PANAMA CITY BEACH, FL 32408

(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN WAYNE DIXON

(Name of Person)

at ( 850 ) 235 0985

(Area Code & Daytime Telephone Number)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 NOV 14 AM 10:55

FILED

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

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

EMERALD COAST TEETH WHITENING, 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:**

**Mailing Address:**

5632 THOMAS DR  
PANAMA CITY BEACH, FL  
32408

5632 THOMAS DR  
PANAMA CITY BEACH FL  
32408

**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:

JOHN WAYNE DIXON  
Name

5632 THOMAS DR  
Florida street address (P.O. Box NOT acceptable)

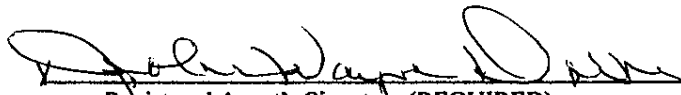
PANAMA CITY BEACH FL 32408  
City, State, and Zip

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

09 NOV 14 AM 10:55

FILED

*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)

**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

JOHN WAYNE DIXON  
5632 THOMAS DR  
PANAMA CITY BEACH, FL 32408

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

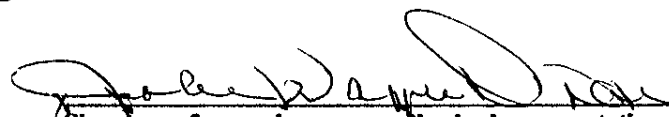
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 11-07-2008. (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.)

FILED  
90 NOV 14 AM 10:55  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**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.)

JOHN WAYNE DIXON  
\_\_\_\_\_  
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)