

# W08000109721

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

bassil akel, dmd, llc

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**M. THOMAS**

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ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME OF LIMITED LIABILITY COMPANY

BASSIL AKEL, DMD, LLC

ARTICLE II - STREET ADDRESS AND MAILING ADDRESS  
OF LIMITED LIABILITY COMPANY

5963 PATRICIA PLACE  
SPRING HILL, FLORIDA 34607

ARTICLE III - REGISTERED AGENT AND OFFICE

BASSIL AKEL  
5963 PATRICIA PLACE  
SPRING HILL, FLORIDA 34607

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  
CHAPTER 608, FLORIDA STATUTES.

DATED: 11/26/18

x   
REGISTERED AGENT

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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ARTICLE IV - MANAGEMENT

THE NAME AND ADDRESS OF EACH MANAGER OR MANAGING MEMBER IS AS FOLLOWS:

MANAGER/MEMBER: BASSIL AKEL  
5963 PATRICIA PLACE  
SPRING HILL, FLORIDA 34607

DATED: 11/26/18

  
BASSIL AKEL

IN ACCORDANCE WITH SECTION 608.408(3), FLORIDA STATUTES, THE EXECUTION OF THIS DOCUMENT CONSTITUTES AN AFFIRMATION UNDER PENALTIES OF PERJURY THAT THE FACTS STATED HEREIN ARE TRUE.

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