

L090000033585

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

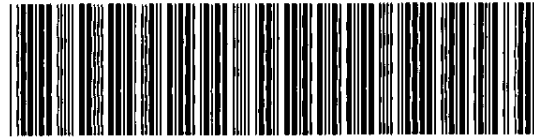
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
09 APR -7 PM 3:55
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
09 APR -7 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

APR - 8 2009

EXAMINER



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(850) 681-6528

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April 7, 2009

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

Oviedo Dental Specialists, LLC

09 APR -7 AM 8:15
FILED
TALLAHASSEE, FLORIDA

Filing Evidence

☒ Plain/Confirmation Copy

☐ Certified Copy

Type of Document

☐ Certificate of Status

☐ Certificate of Good Standing

☐ Articles Only

☐ All Charter Documents to Include
Articles & Amendments

☐ Fictitious Name Certificate

☐ Other

Retrieval Request

☐ Photocopy

☐ Certified Copy

NEW FILINGS	
	Profit
	Non Profit
X	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of RA Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Reports
	Fictitious Name
	Name Reservation
	Reinstatement

REGISTRATION/QUALIFICATION	
	Foreign
	Limited Liability
	Reinstatement
	Trademark
	Other

**FLORIDA LIMITED LIABILITY COMPANY
ARTICLES OF ORGANIZATION
OF
OVIEDO DENTAL SPECIALISTS, LLC**

Pursuant to Florida Statutes Chapter 608, "The Florida Limited Liability Company Act", as amended, the below named entity adopts these Articles of Organization in accordance with the following:

ARTICLE I - NAME.

The name of the Limited Liability Company is:

Oviedo Dental Specialists, LLC

ARTICLE II - ADDRESS.

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

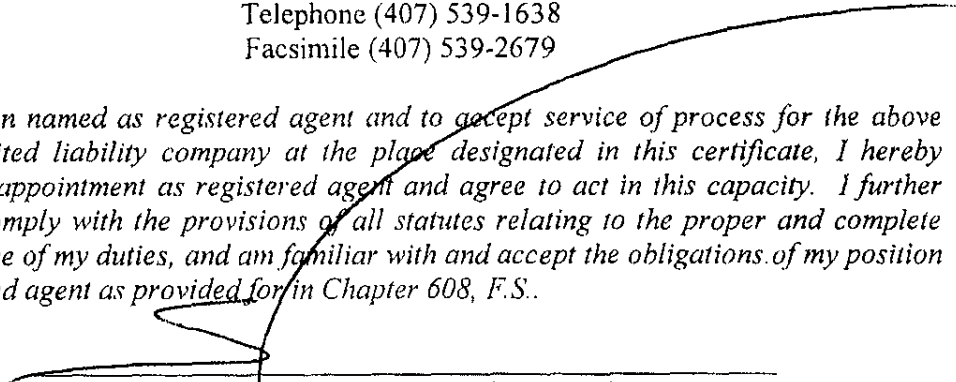
610 North Mills Avenue
Suite 100
Orlando, FL 32803

ARTICLE III - REGISTERED AGENT.

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

Miller, South & Milhausen, P.A.
c/o Scott R. Rost, Esq.
1000 Legion Place, Suite 1200
Orlando, FL 32801
Telephone (407) 539-1638
Facsimile (407) 539-2679

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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..


Scott R. Rost, Attorney/Registered Agent's Signature

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APR -7 AM 8:15
TALLAHASSEE, FLORIDA

ARTICLE IV - MANAGEMENT.

This Limited Liability Company (LLC) is to be managed by a manager or managers. The name and address of the person who is to serve as the manager is:

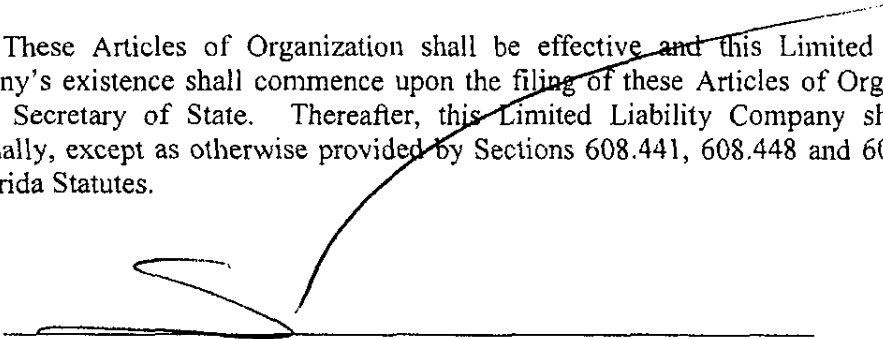
Michael Langan
610 North Mills Avenue
Suite 100
Orlando, FL 32803

ARTICLE V - ADMISSION OF ADDITIONAL MEMBERS.

The right, if given, to admit additional members and the terms and conditions of the admissions shall be as set forth in the Operating Agreement of this LLC as the same may be amended from time to time.

ARTICLE VI – EFFECTIVE DATE; PERPETUAL EXISTENCE

These Articles of Organization shall be effective and this Limited Liability Company's existence shall commence upon the filing of these Articles of Organization by the Secretary of State. Thereafter, this Limited Liability Company shall exist perpetually, except as otherwise provided by Sections 608.441, 608.448 and 608.449 of the Florida Statutes.



Signature of a member or an authorized representative of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Scott R. Rost, Authorized representative of a member

Typed or printed name of a member or an authorized representative of a member