

LD9000055229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

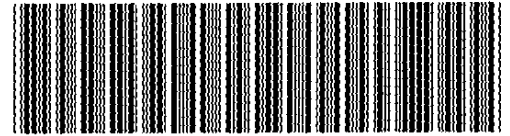
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09 JUN - 5 PM 1:39

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: First Impressions Dental Care, P.L.
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:

Adam D. Roark

Name of Person

Ossi Law Firm, P.A.

Firm/Company

4731 NW 53rd Avenue, Suite 1

Address

Gainesville, FL 32653

City/State and Zip Code

adam@ossilaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adam D. Roark

Name of Person

at (352) 692-4888

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

ARTICLES OF ORGANIZATION
FOR
FIRST IMPRESSIONS DENTAL CARE, P.L.

This Professional Limited Liability Company (the "Limited Liability Company") is organized under the provisions of F.S. Chapters 608 and 621, for the purpose of providing the professional services as are hereafter specified.

ARTICLE I

NAME

The name of the Limited Liability Company is FIRST IMPRESSIONS DENTAL CARE, P.L.

ARTICLE II

ADDRESS

The mailing address of the principal office of the Limited Liability Company is 13044 SE 30th Court, Belleview, FL 34420.

The street address of the principal office of the Limited Liability Company is 13044 SE 30th Court, Belleview, FL 34420.

ARTICLE III

DURATION AND AREAS OF PRACTICE

The period of duration for the Limited Liability Company shall be perpetual. The areas of practice of the Limited Liability Company are limited to practicing dentistry and operating a dental office.

ARTICLE IV

REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent are: ADAM D. ROARK, 4731 NW 53rd Avenue, Gainesville, FL 32653.

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.



ADAM D. ROARK
Registered Agent

Signature of a member or an authorized representative of a member:



ADAM D. ROARK, ESQUIRE, an authorized representative of a member

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JUN -5 PM 1:39