

**L09000063296**

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H09000154670 3)))



H090001546703ABC%

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

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

From: Account Name : GRANT, FRIDKIN, PEARSON, ATHAN & CROWN, P.A.  
Account Number : 076402003516  
Phone : (239) 514-1000  
Fax Number : (239) 514-0377

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 JUN 30 AM 8:00

**FILED**

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**Ben Saunders, DMD Pediatric Dentistry, P.L.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

**RECEIVED**

09 JUN 30 PM 3:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

N. O. **JUL 1 2009**

**FILED**

**09 JUN 30 AM 8:00**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

**ARTICLES OF ORGANIZATION**

**OF**

**BEN SAUNDERS, DMD PEDIATRIC DENTISTRY, P.L.**

*Pursuant to the provisions of Chapters 608 and 621 of the Florida Statutes, the undersigned being a member of Ben Saunders, DMD Pediatric Dentistry, P.L. hereby forms a professional limited liability company.*

**ARTICLE I**

**NAME AND ADDRESS**

The name of this Limited Liability Company shall be **Ben Saunders, DMD Pediatric Dentistry, P.L.** (the "Company"). The mailing address and street address of the principal office of the Company is 4711 Highway 90, Marianna, Florida 32446.

**ARTICLE II**

**DURATION**

The Company shall exist perpetually until dissolved pursuant to a written agreement of all members of the Company, or as provided by law, or as provided by the Company's Operating Agreement.

**ARTICLE III**

**DESIGNATION OF REGISTERED AGENT**

The name and address of the registered agent and office of the Company shall be **Ben Saunders, 4711 Highway 90, Marianna, Florida 32446.**

**ARTICLE IV**

**MANAGEMENT OF COMPANY BUSINESS**

The Company's day to day business will be managed by a manager appointed by the Members. The initial Manager shall be Ben Saunders.

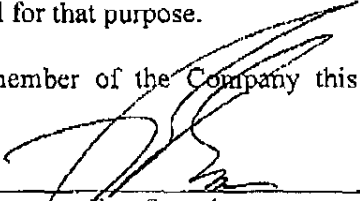
**ARTICLE V****PURPOSE**

The Company is organized for the primary purpose of operating a dental practice and engaging in such other purposes as may be ancillary to the foregoing.

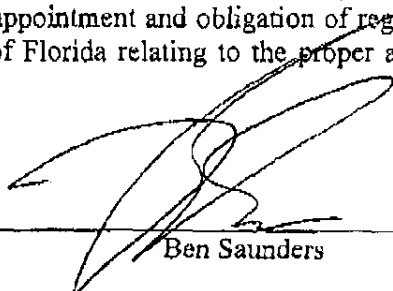
**ARTICLE VI****LIMITATIONS ON MEMBERS**

Each Member who holds an interest in the Company must be duly licensed and legally authorized to practice dentistry in the State of Florida. No Member of the Company may sell or transfer any interest in the Company except to another individual who is duly licensed, authorized, and in good standing to practice dentistry in the State of Florida, and is otherwise eligible to be a Member of the Company, and the sale or transfer may be made only after it has been approved at a Member meeting especially called for that purpose.

WITNESS, the hand of the undersigned member of the Company this 28<sup>th</sup> day of JUNE, 2009

  
\_\_\_\_\_  
Ben Saunders**ACCEPTANCE BY REGISTERED AGENT**

Having been named as registered agent to accept service of process for Ben Saunders, DMD Pediatric Dentistry, P.L., at the place designated in these Articles of Organization, I state that I am familiar with and do hereby accept the appointment and obligation of registered agent and agree to comply with the laws of the State of Florida relating to the proper and complete performance of my duties.

  
\_\_\_\_\_  
Ben Saunders

09 JUN 30 AM 8:01  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED