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| CORPORATION NAME(S) & DOCUM  | ENT NUMBER(S), (if known):   |                    |
| 1. NEW SENTA (Corporation Name)  | 22 LAB L.L.C.  |                    |
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| 2. (Corporation Name)  | (Document #)   |                    |
| 3. (Corporation Name)  | (Document #)   |                    |
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| (Corporation Name)  Walk in Pick up time  Mail out   | Certified Copy  Photocopy  Certificate of Status   |                    |
| Profit Not for Profit Limited Liability Domestication Other  | AMENDMENTS  Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger |                    |
| OTHER FILINGS  Annual Report Fictitious Name   | REGISTRATION/QUALIFICATION  Foreign Limited Partnership Reinstatement Trademark Other                                |                    |
| CR2F031(7/97)  | Examiner's Initials  |                    |

# OF NEW DENTAL LAB, L.L.C.



The undersigned, as a member or an authorized representative of a member of the Company pursuant to Chapter 608, Florida Statutes, files the following Articles of Organization establishing a Florida Limited Liability Company named: NEW DENTAL LAB, L.L.C.

#### ARTICLE I. NAME

The name of the Limited Liability Company shall be **NEW DENTAL LAB, L.L.C.** 

### ARTICLE II. ADDRESS

The mailing address and street address of de principal office of the Limited Liability Company shall be 1691 NW 97 TER, CORAL SPRINGS, Fl. 33071.

#### ARTICLE III. DURATION

The period of duration for the Limited Company shall be perpetual.



#### ARTICLE IV. PURPOSE OF ORGANIZATION

The Limited Liability Company is organized for the purpose of engaging in any and all other acts or purposes permitted under Section 608.404 of the Florida Statutes 1993, as amended from time to time, and for any and all other applicable or governing laws of the State Of Florida, except as any of the foregoing acts and/or purposes may be otherwise barred or restricted by laws.

## ARTICLE V. MANAGEMENT

This Limited Liability Company shall be managed by Two Managing Members and the name and address of the Managing Members are:

LESTON, MARCELO A.
at 1691 NW 97 TER, CORAL SPRINGS, Fl. 33071.
MINOTTI, ANABELLA K.
at 1691 NW 97 TER, CORAL SPRINGS, Fl. 33071.

#### ARTICLE VI. ADMISSION OF NEW MEMBERS

Unless otherwise herein specified, no new Members shall be admitted to the Limited Liability Company during the period of its existence. New Members may be admitted pursuant to a vote of not less than 100% of the total existing ownership interest each Member has in the Limited Liability Company. No individual Member and/or managing Member of the Limited Liability Company shall ever have the power to terminate or grant membership to any person.

#### ARTICLE VII. CONTINUATION AFTER INVOLUNTARY TERMINATION

In the event of termination of the Limited Company due to death, retirement, resignation, expulsion, bankruptey or dissolution of a Member or any other event which involuntarily terminates the Limited Liability Company, then in that event, the remaining and/or surviving Members shall be fully entitled to continue the business of the Limited Liability Company provided that 100% of the ownership interest then remaining shall have to do so in writing.

LESTON, MARCELO A.

MANAGING MEMBER

#### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 608.415, Florida Statutes, the undersigned Limited Liability Company submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the Limited Liability Company is:

NEW DENTAL LAB, L.L.C. 1691 NW 97 TER. CORAL SPRINGS, Fl. 33071

2. The name and address of the registered agent and office is:

Leston, Marcelo A. Name

1691 NW 97 TER. (P.O. Box or Mail Drop NOT acceptable)

> CORAL SPRINGS, FL. 33071 (City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation 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.

LESTON, MARCELO A.

SIGNATURE

DATE 09/23/2009