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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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MAIL

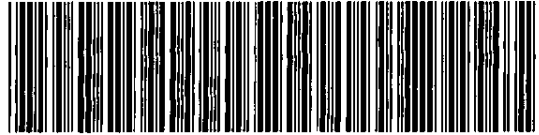
(Business Entity Name)

(Document Number)

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10 MAY 11 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

APR 5 2010

EXAMINER

S. HAWKES

FEB 16 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 16, 2010

TAIDY COSTOYA
12850 SW 58TH LN
MIAMI, FL 33183

SUBJECT: TAIDY COSTOYA DMD PLLC
Ref. Number: W10000007824

We have received your document for TAIDY COSTOYA DMD PLLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific purpose of the entity must be set forth in the document.

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on . Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 810A00003864



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 5, 2010

TAIDY COSTOYA
12850 SW 58TH LN
MIAMI, FL 33183

SUBJECT: TAIDY COSTOYA DMD PLLC
Ref. Number: W10000007824

We have received your document for TAIDY COSTOYA DMD PLLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The specific purpose of the entity must be set forth in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 810A00008258

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Taidy Costoya DMD PLLC
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:

Taidy Costoya

Name of Person

Taidy Costoya DMD PLLC

Firm/Company

12850 SW 58TH LN

Address

Miami, Florida 33183

City/State and Zip Code

tcostoya DMD@gmail.com

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

For further information concerning this matter, please call:

Taidy Costoya

Name of Person

at (

786)

375-1293

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 FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Taidy Costoya DMD PLLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

12850 SW 58th LN

Miami, FL 33183

Mailing Address:

12850 SW 58th LN

Miami, FL 33183

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Santiago Santiago

Name


10322 SW 128TH PL

Florida street address (P.O. Box **NOT** acceptable)

Miami, FL 33186 FL

City, State, and Zip

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 in Chapter 608, F.S..


Registered-Agent's Signature (REQUIRED)

(CONTINUED)

FILED
MAY 11 PM 12:22
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

TAIDY COSTOYA

12850 SW 58TH LANE

Miami, FL 33183

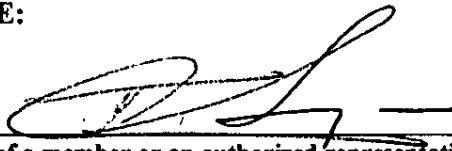
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



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

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

Taidy Costoya

Typed or printed name of signee

Filing Fees:

**\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent**

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Limited Liability Company Name: Taidy Costoya DMD PLLC

Specific Purpose of the Entity: Taidy Costoya DMD PLLC will provide dental services; the ordinary and usual professional services rendered by dentists licensed to practice dentistry and dental surgery.