

L100000067367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

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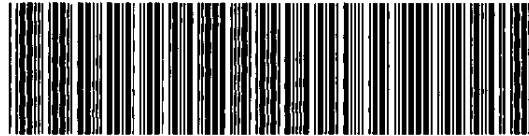
Special Instructions to Filing Officer:

A. LUNT

JUN 24 2010

EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 JUN 23 PM 12:47

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Nu-Smile Dental Lab, L. L. C.

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:

Antonio pinero

Name of Person

Nu-Smile Dental Lab, L. L. C.

Firm/Company

627 Alligator Drive

Address

Venice Florida 34293

City/State and Zip Code

tonypinero@aol.com

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

For further information concerning this matter, please call:

Antonio pinero

Name of Person

at (941)

685-5462

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

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SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Nu-Smile Dental Lab, L. L. C.

(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:

2383 Tamiami Trail S., Suite C
Venice Florida 34293-5073

Mailing Address:

627 Alligator Drive
Venice Florida 34293

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:

Antonio Pinero

Name

627 Alligator Drive

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

Venice

FL , 34293

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)

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TALLAHASSEE FLORIDA

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:

MGR

Antonio Pinero

627 alligator drive

Venice Florida 34293

MGRM

Kimberly Pinero

627 Alligator Drive

Venice Florida 34293

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CLERK OF THE
COURT
JUDICIAL
CIRCUIT IN
FLORIDA

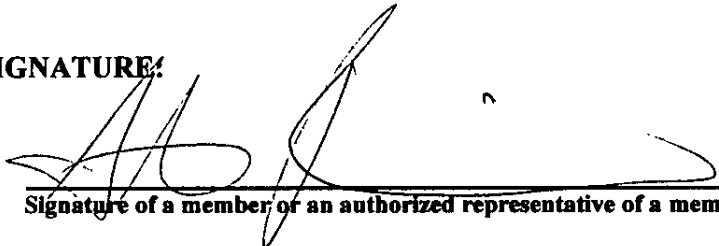
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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: July 1st, 2010. (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.)

Antonio Pinero
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)