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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

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(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

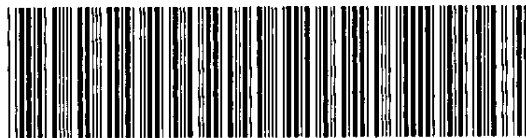
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JUL 13 2010

**EXAMINER**



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TALLAHASSEE, FLORIDA

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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

NICOLE M. STEVENS, D.D.S., P.L.

Signature \_\_\_\_\_

Requested by: SETH

07/13/10 11:00

Name

Date

Time

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

\_\_\_\_ Art of Inc. File \_\_\_\_\_  
\_\_\_\_ LTD Partnership File \_\_\_\_\_  
\_\_\_\_ Foreign Corp. File \_\_\_\_\_  
✓ \_\_\_\_ L.C. File \_\_\_\_\_  
\_\_\_\_ Fictitious Name File \_\_\_\_\_  
\_\_\_\_ Trade/Service Mark \_\_\_\_\_  
\_\_\_\_ Merger File \_\_\_\_\_  
\_\_\_\_ Art. of Amend. File \_\_\_\_\_  
\_\_\_\_ RA Resignation \_\_\_\_\_  
\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_  
\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_  
✓ \_\_\_\_ Cert. Copy \_\_\_\_\_  
\_\_\_\_ Photo Copy \_\_\_\_\_  
\_\_\_\_ Certificate of Good Standing \_\_\_\_\_  
\_\_\_\_ Certificate of Status \_\_\_\_\_  
\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_  
\_\_\_\_ Corp Record Search \_\_\_\_\_  
\_\_\_\_ Officer Search \_\_\_\_\_  
\_\_\_\_ Fictitious Search \_\_\_\_\_  
\_\_\_\_ Fictitious Owner Search \_\_\_\_\_  
\_\_\_\_ Vehicle Search \_\_\_\_\_  
\_\_\_\_ Driving Record \_\_\_\_\_  
\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_  
\_\_\_\_ UCC 11 Search \_\_\_\_\_  
\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_  
\_\_\_\_ Courier \_\_\_\_\_

## ARTICLES OF ORGANIZATION

OF

**NICOLE M. STEVENS, D.D.S., P.L.**

THE UNDERSIGNED, for the purpose of forming a professional limited liability company hereby makes, acknowledges, and files the following Articles of Organization, pursuant to the provisions of Florida Statutes Chapter 621 in conjunction with Florida Statutes Chapter 608.

### ARTICLE I - NAME

The name of the limited liability company shall be **NICOLE M. STEVENS, D.D.S., P.L.** (hereinafter called "Company"). The principal place of business of the Company in Florida shall be in Brevard County.

### ARTICLE II - ADDRESS

The mailing address and street address of the Company's principal office are:

**Mailing Address:**

1395 N. Courtenay Pkwy., Suite 105  
Merritt Island, Florida 32953

**Street Address:**

1395 N. Courtenay Pkwy., Suite 105  
Merritt Island, Florida 32953

### ARTICLE III - DURATION

The Company shall commence its existence on the date these Articles of Organization are filed by the Florida Department of State, and the Company shall exist perpetually unless the Company is dissolved as provided by law or its operating agreement.

### ARTICLE IV - PURPOSES AND POWER

The general nature of the business to be transacted by the Company is:

A. To engage in every phase and aspect of the business of rendering professional services to the public that a dentist licensed under the laws of the State of Florida is

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authorized to render, but such professional services shall be rendered only through officers, employees, and agents who are duly licensed under the laws of the State of Florida to perform such services.

B. To invest the funds of the Company in real estate, mortgages, stocks, bonds or any other type of investment, and to own real and personal property necessary for the rendering of professional services.

C. To enter into, for the benefit of its employees, one or more of the following: (1) a pension plan; (2) a profit sharing plan; (3) a stock bonus plan; (4) a thrift and savings plan; (5) a restricted stock option plan; and (6) other retirement or incentive compensation plans whether non-qualified or qualified by the Internal Revenue Service.

The foregoing paragraphs shall be construed as enumerating both powers and purposes of the Company, and it is hereby expressly provided that the foregoing enumeration of specific purposes and powers shall not be held to limit or restrict in any manner the purposes or powers of the Company otherwise permitted by law and includes the powers and purposes to manufacture, design, construct, own, use, buy, sell, lease, hire, and deal in and with articles and property of all kinds and render services of all kinds, and to engage in any legal and lawful act of activity for which Professional Limited Liability Companies may be organized under the laws of the State of Florida.

#### ARTICLE V - REGISTERED OFFICE AND AGENT

The name and street address of the registered agent of the Company in the State of Florida and principal office is:

Nicole M. Stevens  
1395 N. Courtenay Pkwy., Suite 105  
Merritt Island, Florida 32953

#### ARTICLE VI - MANAGEMENT

The Company shall be managed by one or more managers in accordance with the operating agreement adopted by the members for the management of the business and affairs of the Company. The operating agreement may contain any provision for the regulation and management of the affairs of the Company not inconsistent with law or these Articles of Organization. The name and address of the initial manager of the Company is:

Nicole M. Stevens  
1395 N. Courtenay Pkwy., Suite 105  
Merritt Island, Florida 32953

ARTICLE VII  
OWNERSHIP RESTRICTIONS

Every member of this Company must be duly licensed in the practice of dentistry in the State of Florida, and no member of this Company shall enter into a voting trust agreement or any other type agreement vesting another person with the authority to exercise the voting power of any or all of a membership interest. Any member of this Company who is legally disqualified to render professional services incident to the practice of dentistry within this state shall become obligated to divest himself of such interest in the Company in the manner provided by the operating agreement of this Company. No member may sell or transfer her or his interest herein except to another individual or entity that is eligible to be a member of the Company. If any member shall become legally disqualified to practice dentistry in the State of Florida, or be elected or appointed to a public office or accept other employment that places restrictions or limitations upon their continuous rendering of such professional services, such member shall immediately sever all employment with and financial interest in the Company as provided by the operating agreement, or failing such provision, applicable law.

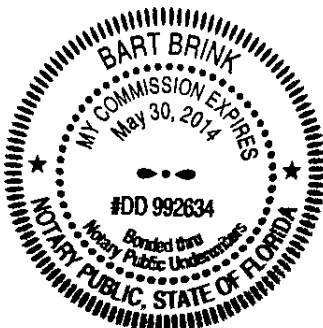
IN WITNESS WHEREOF, the undersigned, being an authorized representative of all of the members of the Company has made and subscribed these Articles of Organization at Merritt Island, Florida, for the foregoing uses and purpose, on July 12, 2010.

Nicole M. Stevens  
Nicole M. Stevens, Manager and Member

STATE OF FLORIDA  
COUNTY OF BREVARD

The foregoing instrument was acknowledged before me on July 12, 2010, by Nicole M. Stevens who is ☐ personally known to me or ☒ has produced the following form of identification:

Florida Driver License



Bart Brink  
Notary Public, State of Florida at Large  
Printed Name:  
Commission No:  
Commission expires:

**CERTIFICATE OF DESIGNATION FOR  
REGISTERED AGENT/REGISTERED OFFICE**


PURSUANT TO THE PROVISIONS OF *FLORIDA STATUTES*, SECTION 608.415,  
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: **NICOLE M. STEVENS, D.D.S., P.L.**
2. The name and address of the registered agent and office is:

Nicole M. Stevens  
1395 N. Courtenay Pkwy., Suite 105  
Merritt Island, Florida 32953

Having been named as registered agent and to accept service of process of 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 the obligations of my position as registered agent.

Date: July 12, 2010.

  
\_\_\_\_\_  
Nicole M. Stevens