

7/21/2010

Division of Corporations

Florida Department of State  
Division of Corporations  
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Division of Corporations  
Fax Number : (850) 617-6383

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Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516) 935-3940  
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FLORIDA LIMITED LIABILITY CO.  
MOITOSO DENTAL LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

A. LUNT

JUL 23 2010

EXAMINER

H10000166824

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name**

The name of the Limited Liability Company is: **MOITOSO DENTAL LLC**

**ARTICLE II - Address**

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

**Principal Office Address:**

14985 Tamiami Trail

North Port, FL 34287

**Mailing Address:**

14985 Tamiami Trail

North Port, FL 34287

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

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

**Edward Moitoso**

Name

**2634 Chynn Avenue**

(P.O. Box or Mail Drop Box NOT Acceptable)

**North Port, FL 34286**

(City / State / 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 - Edward Moitoso

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

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

**Title:**

**Name and Address:**

"MGR" = Manager

"MORM" = Managing Member

MGR

Edward Moltoso - 2634 Chynn Avenue, North Port, FL 34286

(Use attachment if necessary)

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
Signature of a member or 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. )

Edward Moltoso

Typed or printed name of signer

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