

L10000126897

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

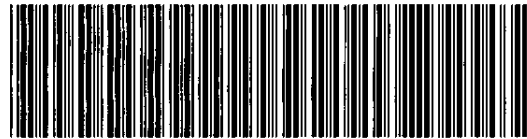
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

DEC 22 2010

EXAMINER

COVER LETTER

40000126897

TO: Registration Section
Division of Corporations

SUBJECT: Ideal Dental of Orlando, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tobi Greeman

Name of Person

RVS

Firm/Company

PO Box 893427

Address

Temecula, CA 92589

City/State and Zip Code

tgreeman@gmail.com

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

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Tobi Greeman

Name of Person

at (888)

356-8094 ext 3

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is:
Ideal Dental of Orlando, LLC

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

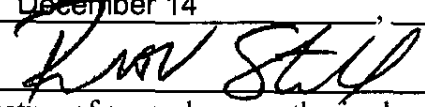
A word was left out of our business name. The name of the LLC should read:

Ideal Dental Group of Orlando, LLC

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: December 14, 2010


Signature of a member or authorized representative of a member

Robert V. Stunkel

Typed or printed name of signee

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L10000126897
FILED 8:00 AM
December 10, 2010
Sec. Of State
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Article I

The name of the Limited Liability Company is:
IDEAL DENTAL OF ORLANDO, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
275 SOUTH CHICKASAW TRAIL
STE. 2
ORLANDO, FL. US 32825

The mailing address of the Limited Liability Company is:
PO BOX 893427
TEMECULA, CA. US 92589

Article III

The purpose for which this Limited Liability Company is organized is:
ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:
ROBERT V STUNKEL
4 COUNTRY ROAD WEST
VILLAGE OF GOLF, FL. 33436

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TALLAHASSEE, FLORIDA

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.

Registered Agent Signature: ROBERT V. STUNKEL

Article V

The name and address of managing members/managers are:

Title: MGRM
AS DENTAL, LLC
PO BOX 893427
TEMECULA, CA. 92589 US

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December 10, 2010
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Article VI

The effective date for this Limited Liability Company shall be:

12/10/2010

Signature of member or an authorized representative of a member

Signature: ROBERT V. STUNKEL

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