

L 11000034973

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000074943 3)))



H110000749433ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.  
Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 MAR 22 AM 9:41

FILED

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.  
wellinton endodontics llc

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

A. LUNT

MAR 23 2010

EXAMINER

RECEIVED

11 MAR 22 AM 11:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

H11000074943

**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY OF  
WELLINGTON ENDODONTICS LLC**

**ARTICLE I**

**The name of the Limited Liability Company shall Be:**

**WELLINGTON ENDODONTICS LLC**

**ARTICLE II**

**The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.**

**ARTICLE III**

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

**6630 BRISTOL LAKE SOUTH  
DELRAY BEACH, FL 33446**

**ARTICLE IV**

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

**GLEN MITCHELL  
6630 BRISTOL LAKE SOUTH  
DELRAY BEACH, FL 33446**

**ARTICLE V**

**The name of the Managing Member(s) and Memeber(s) shall be:**

**MEMBER  
GLEN MITCHELL**

**MANAGING MEMBER  
GLEN MITCHELL**

H11000074943

FILED  
2011 MAR 22 AM 9:41  
STATE  
TALLAHASSEE, FL 32304

H11000074943

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED  
OFFICE/MEMBER/REPRESENTATIVE

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

2011 MAR 22 AM 9:41

FILED

GLEN MITCHELL

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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 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.)

GLEN MITCHELL

Typed or printed name of signee

H11000074943