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T. HAMPTON

APR -6 2011

EXAMINE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ADVANCED DENTAL SOLUTIONS OF SOUTH FLORIDA, LLC.

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:

Robert H. Mautner, Esq.

Name of Person

Robert H. Mautner, DDS, JD.

Firm/Company

19720 118th Trail

Address

Boca Raton FL 33498

City/State and Zip Code

RMautnerEsq@att.net

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

For further information concerning this matter, please call:

Robert Mautner

Name of Person

at (561) 487-5213

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

ARTICLES OF ORGANIZATION FOR
ADVANCED DENTAL SOLUTIONS OF SOUTH FLORIDA, LLC.

ARTICLE 1. The name of the Limited Liability Corporation is
ADVANCED DENTAL SOLUTIONS OF SOUTH FLORIDA, LLC.

ARTICLE 2. Its mailing and principal office address is
**5054 West Atlantic Avenue
Delray Beach, FL 33484.**

ARTICLE 3. The Name and Address of the **Registered Agent** is
**Dr. Richard Harris
5054 West Atlantic Avenue
Delray Beach, Florida 33484.**


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.



Dr. Richard Harris

ARTICLE 4. The **MGRM Members** are:

1. **Dr. Richard H. Harris, DMD, PA.**
5054 West Atlantic Avenue
Delray Beach, FL 33484
2. **A-1 Dental Group, Inc.**
55 SW 2nd Avenue, #101G
Boca Raton, FL 33432

Signed: 

Dr. Richard Harris, as President, Richard H. Harris, DMD, PA.

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