

L11000052165

(Requestor's Name)

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(Address)

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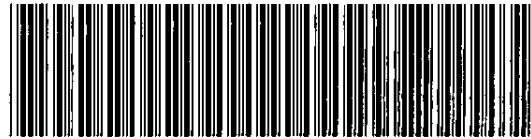
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FILED
11 MAY -2 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W11-22702



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 22, 2011

CHARLES S. BALDWIN
5742 ASPEN RIDGE CIR
DELRAY BEACH, FL 33484

SUBJECT: CSB COMPLETE DENTAL CARE, LLC.
Ref. Number: W11000022702

We have received your document for CSB COMPLETE DENTAL CARE, LLC. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6851.

Gina McLeod
Regulatory Specialist II

Letter Number: 011A00009846

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

FILED
11 MAY -2 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - NAME:

The name of the Limited Liability Company is:

CSB COMPLETE DENTAL CARE, LLC.

ARTICLE II - ADDRESS:

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

Principal Office and Mailing Address:

**5180 West Atlantic Avenue
Points West Plaza, Suite 119
Delray Beach, Fl. 33484**

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

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

Name: Charles S. Baldwin

Address: 5742 Aspen Ridge Circle

City: Delray Beach

State: 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.



Registered Agent's Signature

ARTICLE IV - MANAGER & MANAGING MEMBER

The name and address of each manager and managing member is as follows:

TITLE

NAME AND ADDRESS

Manager

**Charles S. Baldwin
5742 Aspen Ridge Circle
Delray Beach, Fl. 33484**

**Managing
Member**

**Veralynn Baldwin
5742 Aspen Ridge Circle
Delray Beach, Fl. 33484**

ARTICLE V: EFFECTIVE DATE:

May 01, 2011

May 1, 2011

REGUIRED SIGNATURE:

Charles S. Baldwin

NAME OF SIGNEE: CHARLES S. BALDWIN