

L11000080187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

B. KOHR

JUL 12 2011

EXAMINER



500209780815

07/12/11--01007--026 **155.00

RECEIVED
11 JUL 12 PM 1:39
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUL 12 PM 4:30

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

FILED STATE
SECRETARY OF CORPORATIONS
11 JUL 12 PM 4:30

CONTACT: Kim Weidenbach

DATE: 07/12/11

REF. #: 000174.151114

CORP. NAME: ADVANCED DENTAL CARE OF PEMBROKE PINES, PL

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 540590 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUL 12 PM 4:30

ARTICLES OF ORGANIZATION

ADVANCED DENTAL CARE OF PEMBROKE PINES, PL,
a Florida professional limited liability company

ARTICLE I NAME

The business and affairs of the Professional Limited Liability Company shall be conducted under the name of:

ADVANCED DENTAL CARE OF PEMBROKE PINES, PL

ARTICLE II PRINCIPAL OFFICE

The street address of the principal place of business of the Professional Limited Liability Company within the State of Florida shall be:

2820 Center Court Drive
Weston, Florida 33332

and, the mailing address of the of the Professional Limited Liability Company shall be:

6240 Lake Osprey Drive
Sarasota, Florida 34240

ARTICLE III INITIAL REGISTERED AGENT/OFFICE

The registered office of the Professional Limited Liability Company and its initial registered agent shall be:

David P. Nichols
6240 Lake Osprey Drive
Sarasota, Florida 34240

ARTICLE IV
MANAGEMENT AND POWERS

The business and affairs of the Professional Limited Liability Company shall be managed by one or more Managers elected as provided in the Regulations of the Professional Limited Liability Company.

ARTICLE V
PURPOSES

The purposes of the Professional Limited Liability Company are to engage in the practice of dentistry and any activity or business permitted under the laws of the United States and the State of Florida.

IN WITNESS WHEREOF, these Articles of Organization have been executed as of the 11th day of July, 2011.

WITNESSES:

Print Name: _____


Miguel Montilla, D.M.D.

Print Name: _____

"MANAGER"

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 608.415 of the Florida Statutes, the undersigned Professional Limited Liability Company submits the following statement to designate a registered office and registered agent in the State of Florida.

1. The name of the Professional Limited Liability Company is:

ADVANCED DENTAL CARE OF PEMBROKE PINES, PL

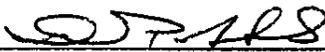
2. The name and the Florida street address of the registered agent are:

David P. Nichols
6240 Lake Osprey Drive
Sarasota, Florida 34240

Having been named 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Date: _____

07/11/11



David P. Nichols

"REGISTERED AGENT"