

L11000128463

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

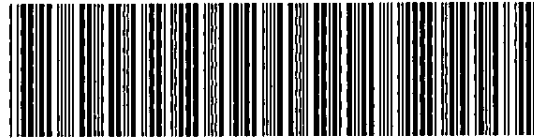
Special Instructions to Filing Officer:

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B. KOHR

NOV 15 2011

EXAMINER



300213936053

11/04/11--01003--007 \*\*125.00

RECEIVED  
DEPARTMENT OF REVENUE  
DIVISION OF CORPORATIONS  
2011 NOV -4 AM 10:23  
TO ADVISE  
SUFFICIENCY OF FILING

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 NOV 15 PM 2:06



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 4, 2011

LAZARUS

TALLAHASSEE, FL

SUBJECT: TOTAL DENTAL PLAN LLC  
Ref. Number: W11000056394

FILED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2011 NOV 15 AM 10:18  
NOTED  
TO ACQUALEDGE  
SUFFICIENCY OF FILING

We have received your document for TOTAL DENTAL PLAN 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The Administratively Dissolved entity with a similar name is TOTAL DENTAL PLANS, CORP. -- Document Number P08000089302.

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) 245-6914.

Buck Kohr  
Regulatory Specialist II

Letter Number: 311A00025128

# LAZARUS

## CORPORATE FILING SERVICE

3320 SW 87<sup>TH</sup> AVENUE

MIAMI, FL 33165 (305) 552-5973

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
11 NOV 15 PM 2:06

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. TOTAL DENTAL PLAN LLC.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☒ Walk in    ☒ Pick up time 2.00    ☐ Certified Copy  
☐ Mail out    ☐ Will wait    ☐ Photocopy    ☐ Certificate of Status

### NEW FILINGS

- ☐ Profit  
☐ Not for Profit  
☒ Limited Liability  
☐ Domestication  
☐ Other

### AMENDMENTS

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

### OTHER FILINGS

- ☐ Annual Report  
☐ Fictitious Name

### REGISTRATION/QUALIFICATION

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

Examiner's Initials

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**COMPLETE DENTAL PLAN LLC.**

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

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

**Principal Office Address:**

10820 SW 38TH. STREET  
MIAMI, FL 33165

**Mailing Address:**

10820 SW 38TH. STREET  
MIAMI, FL 33165

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

**JORGE L. BLANCO**

Name

**10820 SW 38TH. STREET**

Florida street address (P.O. Box **NOT** acceptable)

**MIAMI FL 33165**

City, State, and Zip

*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 (REQUIRED)

(CONTINUED)

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DIVISION OF CORPORATIONS  
11 NOV 15 PM 2:06

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

JORGE L. BLANCO

10820 SW 38TH. STREET

MIAMI, FL 33165

MGRM

KEMEL J. BLANCO

1439 SW 152 PLACE

MIAMI, FL 33194

MGRM

FARID BLANCO

10820 SW 38TH. STREET

MIAMI, FL 33165

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**



\_\_\_\_\_  
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

**JORGE L. BLANCO**

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**