

L11000134647

(Requestor's Name)

(Address)

(Address)

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(Document Number)

Certified Copies _____ Certificates of Status _____

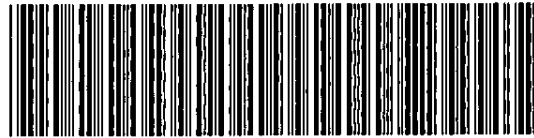
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EXAMINER



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

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: Kim Weidenbach

DATE: 11/29/11

REF. #: 000174.157943

CORP. NAME: TRIANGLE DDS (LONGWOOD), LLC

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- | | | |
|--|---|---|
| ☐ ARTICLES OF INCORPORATION | ☐ ARTICLES OF AMENDMENT | ☐ ARTICLES OF DISSOLUTION |
| ☐ ANNUAL REPORT | ☐ TRADEMARK/SERVICE MARK | ☐ FICTITIOUS NAME |
| ☐ FOREIGN QUALIFICATION | ☐ LIMITED PARTNERSHIP | ☒ LIMITED LIABILITY |
| ☐ REINSTATEMENT | ☐ MERGER | ☐ WITHDRAWAL |
| ☐ CERTIFICATE OF CANCELLATION | | |
| ☐ OTHER: | | |

STATE FEES PREPAID WITH CHECK# 542418 **FOR \$** 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: \$** _____

PLEASE RETURN:

- | | | |
|--|---|---|
| ☒ CERTIFIED COPY | ☐ CERTIFICATE OF GOOD STANDING | ☐ PLAIN STAMPED COPY |
| ☐ CERTIFICATE OF STATUS | | |

Examiner's Initials

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ARTICLES OF ORGANIZATION

TRIANGLE DDS (LONGWOOD), LLC,
a Florida limited liability company

ARTICLE I NAME

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

TRIANGLE DDS (LONGWOOD), LLC

ARTICLE II PRINCIPAL OFFICE

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

6240 Lake Osprey Drive
Sarasota, Florida 34240

ARTICLE III INITIAL REGISTERED AGENT/OFFICE

The registered office of the 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 Limited Liability Company shall be managed by one or more Managers elected as provided in the Regulations of the Limited Liability Company.

IN WITNESS WHEREOF, these Articles of Organization have been executed as of the
29th day of November, 2011.

WITNESSES:

Jack M. Maag
Print Name JACK M. MAAG

David P. Nichols
David P. Nichols

Debra J. Hitchcock
Print Name Debra J. Hitchcock

Jack M. Maag
Print Name JACK M. MAAG

Steven R. Matzkin
Steven R. Matzkin

Debra J. Hitchcock
Print Name Debra J. Hitchcock

Jack M. Maag
Print Name JACK M. MAAG

Mitchell B. Olan
Mitchell B. Olan

Debra J. Hitchcock
Print Name Debra J. Hitchcock

"MANAGERS"

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 608.415 of the Florida Statutes, the undersigned 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 Limited Liability Company is:

TRIANGLE DDS (LONGWOOD), LLC

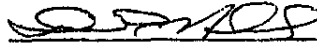
2. The name and the Florida street address of the registered agent are:

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: _____

11/29/11



David P. Nichols

"REGISTERED AGENT"