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(City/State/Zip/Phone #)

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(Business Entity Name)

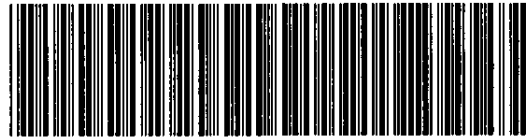
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STRAUGHN & TURNER, P.A.

ATTORNEYS AND COUNSELORS AT LAW

RICHARD E. STRAUGHN
MARK G. TURNER
BRIAN J. KNOWLES

JACK STRAUGHN
(1925-2000)

December 21, 2011

Florida Department of State
Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

RE: IMPLANT & COMPREHENSIVE DENTISTRY, PL/
filing as Professional Limited Liability Company
Our File No.: 10912/0001

Dear Sir:

Enclosed for filing, please find an original and one (1) copy of Articles of Organization for Florida Professional Limited Liability Company, together with the Registered Agent form. Also enclosed, is my firm's check in the total amount of \$1550.00 made payable to the Florida Department of State, which represents the filing fee of \$125.00 for the articles and the designation of agent, plus the cost of a certified copy of \$30.00. Also enclosed is a stamped envelope for return of the copy to me.

Please forward your letter of acknowledgment and the certified copy to my attention at the above address.

Thank you for your assistance in this matter. Should you have any questions, please do not hesitate to contact me.

Sincerely yours,

STRAUGHN & TURNER, P.A.

MARK G. TURNER

MGT/djb
enclosures
cc: Steven C. Hewett

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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION
OF**

IMPLANT & COMPREHENSIVE DENTISTRY, PL

This Professional Limited Liability Company (the "Limited Liability Company") is organized under the provisions of Florida Statutes Chapters 608 and 621, for the purpose of providing the professional services as are hereafter specified.

ARTICLE I - NAME

The name of this Limited Liability Company is IMPLANT & COMPREHENSIVE
DENTISTRY, PL.

ARTICLE II - EFFECTIVE TIME AND DATE

These Articles of Incorporation shall become effective as of January 2, 2012.

ARTICLE III - ADDRESS AND PRINCIPAL PLACE OF BUSINESS

The mailing address of this Limited Liability Company is: 155 Second Street, Southwest, Winter Haven, Florida 33880, and the street address of the principal office for this company shall be: 39859 Highway 27, Davenport, Florida 33837.

ARTICLE IV - DURATION AND AREAS OF PRACTICE

The period of duration for the Limited Liability Company shall be perpetual existence. The areas of practice of the limited liability company are limited to the practice of dentistry.

IN ACCORDANCE WITH Florida Statutes Section 608.408(3), the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Dated 12-22-2011

Steven C. Hewett, member
STEVEN C. HEWETT, Member

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO the provisions of Section 608.415 or 608.507, Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a registered office and registered agent in the State of Florida.

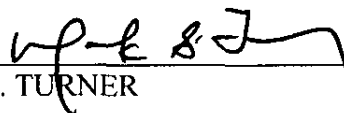
1. The name of the Limited Liability Company is **IMPLANT & COMPREHENSIVE DENTISTRY, PL.**

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

MARK G. TURNER
255 Magnolia Avenue, Southwest
Winter Haven, Florida 33880

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TALLAHASSEE, FLORIDA

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 said 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.



MARK G. TURNER