Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

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FLORIDA LIMITED LIABILITY CO.

Progressive Dental, LLC

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Corporate Filing Menu

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ARTICLES OF ORIGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE NAME

The name of the Limited Liability Company is:

Progressive Dental, LLC

<u>ARTICLE II</u> PRINCIPAL OFFICE ADDRESS

The principal place of business/mailing address is:

Principal Address 1250 Florida Avenue

Palm Harbor, FL 34683

Mailing Address: 1250 Florida Avenue

Palm Harbor, FL 34683

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

The name and Florida Street address of the initial registered agent is:

Bart Knellinger 1250 Florida Avenue Palm Harbor, FL 34683

Having been maned as registered agent and to accept service of process for the stove stated corporation at the piace designated in this certificate, I hereby accept the appointment as registered agent and agree to eat 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 goods the obligations of my position as registered agent as provided for in Chapter 608, PS

Signature/Registered Agent

ARTICLE IV Managing Momber(s)

The name and address of the Managing Member(s) is as follows:

Bart Knellinger 1250 Florida Avenue Palm Harbor, FL 34683

ARTICLE V <u>EFFECTIVE DATE</u>

The effective date of this filing:

Immediately upon filing.

Signature of managing 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.