

L12V 00049926

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

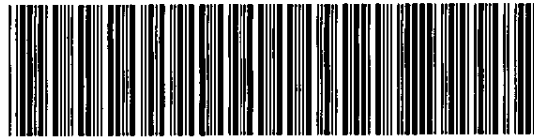
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EXAMINER



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12 APR 11 PM 4:37

DEPT. OF REVENUE  
DIVISION OF CORPORATIONS  
MAIL ROOM 4000

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

12 APR 11 PM 12:27

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

**FILING COVER SHEET**  
**ACCT. #FCA-14**

**CONTACT:** Kim Weidenbach

**DATE:** 04/11/12

**REF. #:** 000174.164876

**CORP. NAME:** ADVANCED DENTAL CARE (OCOE), PL

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- |  |   |   |
|--|---|---|
| <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# 543982 FOR \$ 155.00

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

**PLEASE RETURN:**

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| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

# ARTICLES OF ORGANIZATION

ADVANCED DENTAL CARE (OCOE), PL,  
a Florida professional limited liability company

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12 APR 11 PM 12:27

## ARTICLE I NAME

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

ADVANCED DENTAL CARE (OCOE), 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:

1231 Blackwood Avenue  
Ocoee, Florida 34761

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

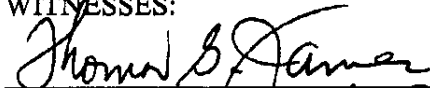
The business and affairs of the Professional Limited Liability Company shall be managed by one or more Managers elected as provided in the Regulations of the Professional Limited Liability Company.

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.

11th IN WITNESS WHEREOF, these Articles of Organization have been executed as of the day of April, 2012.

WITNESSES:

  
Print Name: THOMAS G. JAMES

  
Miguel Montilla, D.M.D.

  
Print Name: DAVID KUPS

"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 (OCOE), 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: 04/11/12

  
\_\_\_\_\_  
David P. Nichols

"REGISTERED AGENT"