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REIMER & ROSENTHAL

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Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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12 MAY -2 AM 9:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : REIMER & ROSENTHAL, LLP  
Account Number : 120000000101  
Phone : (254) 384-9200  
Fax Number : (254) 384-0017

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

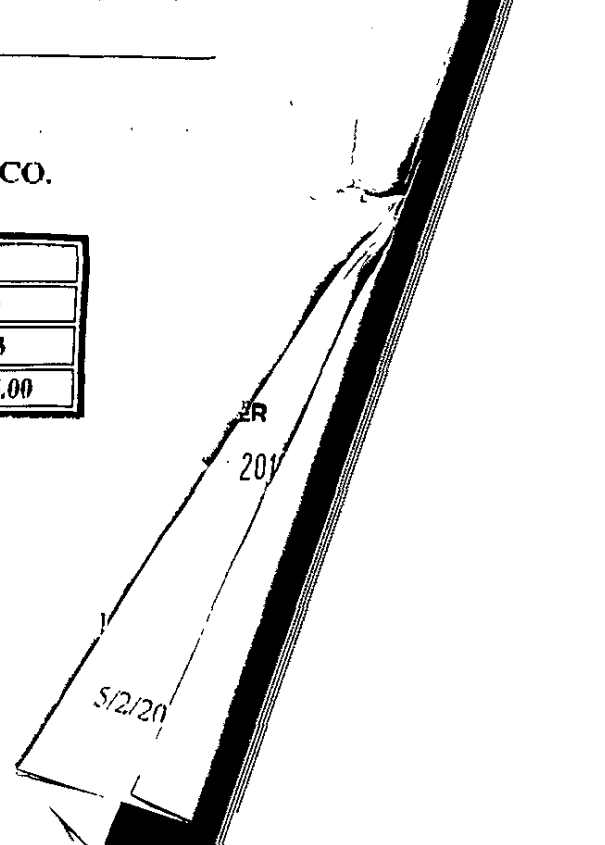
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RECEIVED  
12 MAY -2 AM 7:00  
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TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.  
BMB Dental Management LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 0        |
| Page Count            | 03       |
| Estimated Charge      | \$125.00 |

Electronic Filing Menu Corporate Filing Menu



**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BMB Dental Management LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alex P. Rosenthal, Esq.

Name of Person

Reimer & Rosenthal LLP

Firm/Company

2115 N Commerce Parkway

Address

Weston, FL 33326

City/State and Zip Code

alex@rcounsel.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alex P. Rosenthal, Esq.

Name of Person

at 954

384-9200

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

Mailing Address  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street/Courier Address  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

**BMB Dental Management 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:**

11701 Lake Victoria Gardens #2201  
Palm Beach Gardens, FL 33410

**Mailing Address:**

11701 Lake Victoria Gardens #2201  
Palm Beach Gardens, FL 33410

**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:

Alex P. Rosenthal, Esq., Reimer & Rosenthal LLP

Name

2115 N Commerce Parkway

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

Weston

FL 33326

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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**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:**

MGR

Mark B. Gilbert, DMD

P.O. Box 266858

Weston, FL 33326

(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.)

**Article VI- MANAGEMENT.** The Company is to be Manager Managed.

**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.)

Mark B. Gilbert, DMD

\_\_\_\_\_  
 Typed or printed name of signer

**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)