

L 120000080504

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

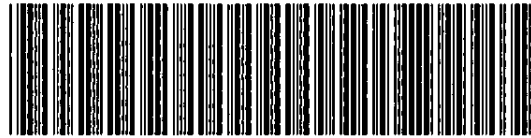
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

B. KOHR
JUN 19 2012
EXAMINER



200236226972

06/15/12--01012--020 **155.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
JUN 15 PM 3:57



**LAW OFFICES OF
J. KELLY KENNEDY**

198 1st St S
Winter Haven, FL 33880-3004

J. KELLY KENNEDY

Attorney at Law/Certified Public Accountant
e-mail: kelly@jkklaw.com
website: jkellykennedylaw.com

AREAS OF PRACTICE:

Wills, Estates, Estate Planning,
Real Property Law, Taxation,
Corporate, Business and Mortgage Law

REPLY TO:

PO Box 7604, Winter Haven, FL 33883-7604
Tel: (863) 294-1114 Fax: (863) 294-8937
Toll Free: 888-415-5019



CYNTHIA CROFOOT RIGANES

Attorney at Law
e-mail: ladylawyer@jkklaw.com

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
MAY 11 2012
PH 3:57

June 11, 2012

State of Florida
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314-6327

RE: C.R. Fort, D.M.D., LLC

Dear Sirs:

Enclosed herewith for filing are Articles of Organization for the above-captioned corporation. A copy of the Articles of Organization is also enclosed to be certified and returned to the undersigned.

Our firm's check in the amount of \$155.00 is enclosed to cover the following costs:

Filing Fee	\$100.00
Certified Copy	30.00
Registered Agent Form	25.00

Total \$155.00

Thank you for your cooperation in this matter.

Sincerely,

J. KELLY KENNEDY, ESQUIRE

JKK/mig

Enclosures

xc: C.R. Fort, D.M.D., LLC

G:\RECEPTIONIST\MARTIN\LLC\C.R. Fort, D.M.D., LLC\Sec of State.ltr.wpd

**ARTICLES OF ORGANIZATION
FOR
C. R. FORT, D.M.D., PLC**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
JUN 15 PM 3:57

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

**ARTICLE I
NAME**

The name of this Limited Liability Company shall be **C. R. FORT, D.M.D., PLC.**

**ARTICLE II
DURATION**

This Limited Liability Company shall exist perpetually from the date of filing with the Secretary of State of the State of Florida.

**ARTICLE III
PURPOSE**

The areas of practice of the Limited Liability Company are limited to the practice of dentistry.

**ARTICLE IV
PLACE OF BUSINESS**

The place of business of this Limited Liability Company shall be at the following street address: 330 East Broadway Street, Fort Meade, Florida 33841, and such other place or places as the member(s) from time to time may determine, and the mailing address of this Limited Liability Company shall initially be at the following address: 330 East Broadway Street, Fort Meade, Florida 33841.

ARTICLE V
INITIAL REGISTERED AGENT AND OFFICE

The initial registered agent of the Limited Liability Company shall be **CHARLES R. FORT**. The initial registered office address shall be 330 East Broadway Street, Fort Meade, in Polk County, Florida 33841.

ARTICLE VI
MANAGEMENT

The Limited Liability Company is a manager-managed Limited Liability Company. The Limited Liability Company shall be managed by the manager who is designated, appointed, or elected to act in such capacity in accordance with the Operating Agreement of the Limited Liability Company.

The person who is designated or appointed as Manager shall carry out and further the decisions and actions of the manager or member made pursuant to the Operating Agreement and shall be authorized to execute on any and all reports, forms, instruments, documents, papers, writings, agreements, and contracts, including but not limited to deeds, bills of sale, assignments, leases, promissory notes, mortgages, and security agreements and any other types or form of document by which property or property rights of the Company are transferred or encumbered, or by which debts and obligations of the Company are created, incurred, or evidenced, which are necessary, appropriate, or beneficial to carry out or further such decisions or actions.

ARTICLE VII
ADMISSION OF ADDITIONAL MEMBERS

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be: additional members are to be admitted as members of the company only by the unanimous vote of the subscriber(s) and in accordance with applicable law.

ARTICLE VIII
AMENDMENT OF ARTICLES OF ORGANIZATION

Any amendment to these Articles of Organization shall be on such form prescribed by the Secretary of State of the State of Florida containing such terms and provisions

consistent with Chapter 608 and 621, Florida Statutes, as shall be prescribed by the Department of State, and shall be signed and sworn to by all Members of the Limited Liability Company. In the event a new Member is added by such amendment, it shall be also signed by the Member to be added.

ARTICLE IX
TRANSFERABILITY OF MEMBER'S INTEREST

An interest of a Member of this Limited Liability Company may be transferred or assigned only to such extent and in the manner provided in the Operating Agreement of the Limited Liability Company and in accordance with applicable law.

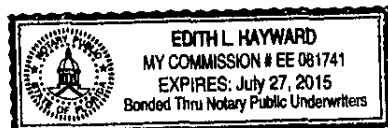
IN WITNESS WHEREOF, the party hereto has executed these Articles of Organization on the 6TH day of JUNE, 2012.



CHARLES R. FORT, Manager and Member

STATE OF FLORIDA
COUNTY OF POLK

The foregoing instrument was acknowledged before me this 6TH day of JUNE, 2012, by **CHARLES R. FORT**, who personally appeared before me, who is known to me to be the person who executed the foregoing Articles of Organization and is personally known to me or provided FLORIDA DRIVER'S LICENSE as identification.



(SEAL)



Printed Name: EDITH L. HAYWARD
Notary Public

REGISTERED AGENT ACCEPTANCE

Having been named as registered agent, to accept service of process for **C. R. FORT, D.M.D., PLC**, at the place designated, I hereby accept the appointment as Registered Agent, and state that I am familiar with and accept the duties, obligations and responsibilities as Registered Agent, including those specified in Chapter 608 of the Florida Statutes.

Dated: JUNE 6 , 2012.



CHARLES R. FORT, Registered Agent

STATE OF FLORIDA COUNTY OF POLK

The foregoing instrument was acknowledged before me this 6TH day of JUNE , 2012, by **CHARLES R. FORT**, who personally appeared before me, and is personally known to me or provided FLORIDA DRIVER'S LICENSE as identification.

(SEAL)




Printed Name: EDITH L. HAYWARD
Notary Public