1000112215

	questor's Name)	,
(Re	questoi s Name)	
/A.J	dress)	
DA)	aress)	
(Ad	dress)	
	(0)	
(Cit	y/State/Zip/Phone	? #)
PICK-UP	WAIT	MAIL
(Bu:	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	
	•	

Office Use Only



500238196705

08/30/12--01002--027 **155.00

12 AUG 30 AM 9: 52

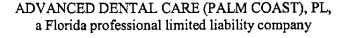
AUG 8 1 20包含 **EXAMINER**

C. LEWIS

CORPDIRECT AGE 515 EAST PARK AV FALLAHASSEE, FL 222-1173	ENUE	merly CCRS)	, , , , , , , , , , , , , , , , , , ,		19 : 1 · 제 2	*
FILING COVER S ACCT. #FCA-14	SHEET		•			
CONTACT:	Kim Weiden	<u>lbach</u>				
DATE:	08/30/12					
REF. #:	000174.1719	<u>59</u>				
CORP. NAME:	ADVANCEI	DENTAL C	ARE (PALM C	COAST), PL		
) ARTICLES OF INCO) ANNUAL REPORT) FOREIGN QUALIFIC) REINSTATEMENT) CERTIFICATE OF C) OTHER:	CATION	() TRADEMA	S OF AMENDMEN' ARK/SERVICE MA PARTNERSHIP	RK ()FI	RTICLES OF DISSO CTITIOUS NAME LIMITED LIABILIT ITHDRAWAL	
STATE FEES PR					FOR \$ <u>155.00</u>	<u>)</u>
			cos	T LIMIT: 5	.	
PLEASE RETURENCE (XX) CERTIFIED CO. () CERTIFICATE OF	PY	() CERTIFI	CATE OF GOOD	STANDING	() PL/	AIN STAMPED COPY

Examiner's Initials

ARTICLES OF ORGANIZATION





ARTICLE I NAME

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

ADVANCED DENTAL CARE (PALM COAST), 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:

3 Pine Cone Drive Suite 108 Palm Coast, Florida 32137

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.

"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 (PALM COAST), 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: 4/30/12

David P. Nichols

"REGISTERED AGENT"