

L12000112215

(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



500238196705

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

RECEIVED

12 AUG 30 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

12 AUG 30 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

AUG 31 2012

EXAMINER

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

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: Kim Weidenbach

DATE: 08/30/12

REF. #: 000174.171959

CORP. NAME: ADVANCED DENTAL CARE (PALM COAST), PL

- | | | |
|--|---|---|
| <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# 100814 **FOR \$** 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: \$** _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

ARTICLES OF ORGANIZATION

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

FILED
12 AUG 30 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

30th IN WITNESS WHEREOF, these Articles of Organization have been executed as of the day of August, 2012.

WITNESSES:

[Signature]
Print Name: David P. Morales

[Signature]
Miguel Montilla, D.M.D.

Print Name: _____

"MANAGER"

FILED
12 AUG 30 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: _____

8/30/12



David P. Nichols

"REGISTERED AGENT"

FILED
12 AUG 30 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA