

L12000139342 ✓

(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



000241167580

11/01/12--01023--017 **125.00

FILED

12 NOV - 1 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

NOV - 2 2012

EXAMINER

JOHN P. FLANAGAN, JR.

ATTORNEY AT LAW

710 OAKFIELD DRIVE, SUITE 101
BRANDON, FL 33511

TELEPHONE (813)681-5587
FACSIMILE (813)685-7159

October 31, 2012

VIA OVERNIGHT MAIL

Florida Department of State
Division of Corporations
Registration Section
2661 Executive Center Circle
Tallahassee, Florida 32301

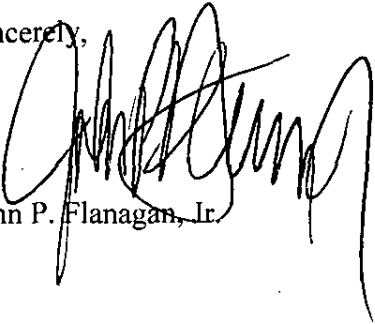
Re: Articles of Organization for Riverview Dental Care, LLC

Gentlemen:

Enclosed, please find Articles of Organization for Riverview Dental Care, LLC for filing with your office. Also enclosed, please find my check payable to the Florida Department of State in the sum of \$125.00 to cover the filing fee for the Articles of Organization.

It would be greatly appreciated if you would file the articles and advise me at your earliest convenience as to date of filing and the Charter number assigned to the corporation. Should you have any questions regarding this matter, please feel free to contact me.

Sincerely,


John P. Flanagan, Jr.

FILED
12 NOV - 1 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RIVERVIEW DENTAL CARE, 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:

901 Pine Hollow Place

Brandon, Florida 33510

Mailing Address:

901 Pine Hollow Place

Brandon, Florida 33510

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:

Christopher F. Waite

Name

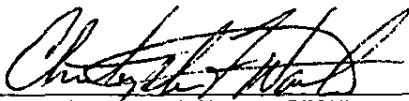
901 Pine Hollow Place

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

Brandon, Florida 33510

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)

FILED
12 NOV - 1 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

MGRM

Christopher F. Waite, D.M.D., P.A.
901 Pine Hollow Place
Brandon, Florida 33510

MGRM

Stephen J. Zuknick, D.M.D., P.A.
5122 Whispering Leaf Trail
Valrico, Florida 33596

MGRM

Craig L. Oldham, D.M.D., P.A.
17912 Burnt Oak Lane
Lithia, Florida 33547

FILED
12 NOV - 1 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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.)

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.)

Christopher F. Waite, President

Christopher F. Waite, D.M.D., P.A.
Typed or printed name of signee

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)