

L12000151287

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

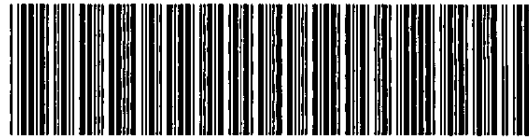
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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11/29/12--01006--025 \*\*155.00

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 DEC -3 AM 10:30

DEC 4 2012

T. HAMPTON

16665-21

(850) 245-6051.

### COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Dianne S. Morse Family Dentistry, PLLC**  
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:

**Dianne S. Morse, D.D.S.**

Name of Person

**Dianne S. Morse Family Dentistry, PLLC**

Firm/Company

**2199 A1A South**

Address

**St. Augustine, FL 32080**

City/State and Zip Code

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

For further information concerning this matter, please call:

**Blake W. Hassan, JD, CPA** at **704 424-5450**

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

**MCGILL AND HASSAN, P.A.**  
ATTORNEYS AT LAW

BLAKE W. HASSAN, CPA, JD  
MEGAN C. WEBER, JD  
JOHN K. MCGILL, CPA, MBA, JD

November 26, 2012

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

Re: Dianne S. Morse Family Dentistry, PLLC

Dear Sir or Madam:

Enclosed please find an original and one (1) photocopy of the Cover Letter and Articles of Organization for the above-referenced professional limited liability company. Our check in the amount of \$155.00 for the filing fee is also enclosed.

If these items are acceptable, please file the same, and kindly return a filed stamped copy to me in the enclosed self-addressed envelope, along with your Certificate. If you have any questions, please call me.

Very truly yours,  
McGill and Hassan, P.A.



Blake W. Hassan

BWH/ars  
Enclosures



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

12 DEC-3 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

November 30, 2012

DIANNE S MORSE D.D.S.  
2199 A1A SOUTH  
ST AUGUSTINE, FL 32080

SUBJECT: DIANNE S. MORSE FAMILY DENTISTRY, PLLC  
Ref. Number: W12000059791

We have received your document for DIANNE S. MORSE FAMILY DENTISTRY, PLLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific purpose of the entity must be set forth in the document.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 012A00028541

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Dianne S. Morse Family Dentistry, PLLC

(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:

2199 A1A South

St. Augustine, FL 32080

#### Mailing Address:

2199 A1A South

St. Augustine, FL 32080

### 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:

Dianne S. Morse, D.D.S.

Name

2199 A1A South

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

St. Augustine

FL

32080

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)

Page 1 of 2

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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:**

MGRM

Dianne S. Morse, D.D.S.

2199 A1A South

St. Augustine, FL 32080


 

(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.)

Dianne S. Morse, D.D.S., Sole Member

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)

Attachment to Articles of Organization for Florida Limited Liability Company  
Dianne S. Morse Family Dentistry, PLLC

**ARTICLE VI – Purpose:**

The purpose of the Limited Liability Company is to render professional general dentistry services.

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