L13000001059

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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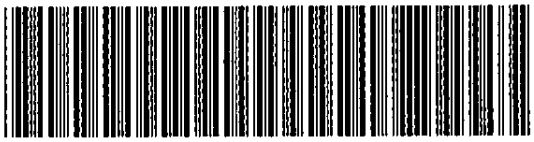

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12/31/12--01002--018 **160.00

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TALLAHASSEE, FLORIDA

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T. CLINE

JAN. - 3 2013

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: 12/28/12

REF. #: 002876.178657

CORP. NAME: MICHAEL G. HISS DMD DENTAL CARE, PLLC

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TALLAHASSEE FLORIDA

( ) ARTICLES OF INCORPORATION ( ) ARTICLES OF AMENDMENT ( ) ARTICLES OF DISSOLUTION
( ) ANNUAL REPORT ( ) TRADEMARK/SERVICE MARK ( ) FICTITIOUS NAME
( ) FOREIGN QUALIFICATION ( ) LIMITED PARTNERSHIP (XX) LIMITED LIABILITY
( ) REINSTATEMENT ( ) MERGER ( ) WITHDRAWAL
( ) CERTIFICATE OF CANCELLATION
( ) OTHER:

STATE FEES PREPAID WITH CHECK# 102806 **FOR $** 160.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: $**_____

PLEASE RETURN:

(XX) CERTIFIED COPY (XX) CERTIFICATE OF GOOD STANDING ( ) PLAIN STAMPED COPY
( ) CERTIFICATE OF STATUS

Examiner's Initials

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TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 31, 2012

CORPDIRECT AGENTS INC

,

PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE
12/28/12

SUBJECT: MICHAEL G. HIISS DMD DENTAL CARE, PLLC
Ref. Number: W12000063865

We have received your document for MICHAEL G. HIISS DMD DENTAL CARE, PLLC and your check(s) totaling $160.00. 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.

Please return 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.

Leslie Sellers
Regulatory Specialist II

Letter Number: 612A00030599

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TALLAHASSEE, FLORIDA

PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE
12/28/12

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Michael G. Hiss DMD Dental Care, 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:	**Mailing Address:**
6120 Winkler Road, Suite I	1931 SE 35th Street
Fort Myers, FL 33919	Cape Coral, FL 33904

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:

NRAI Services, Inc.
Name

515 E. Park Ave
Florida street address (P.O. Box **NOT** acceptable)

Tallahassee FL, 32301
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..

Katie Wonsch
Registered Agent's Signature (REQUIRED)

Katie Wonsch, Assistant Sect.

(CONTINUED)

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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:**
MGR	Michael Gunter Hiss DMD 1931 SE 35th Street Cape Coral, FL 33904

(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:

Michael Gunter Hiss DMD

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.)

Michael Gunter Hiss DMD
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)

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TALLAHASSEE, FLORIDA

Articles of Organization for Florida Limited Liability Company

For

Michael G. Hiss DMD Dental Care, PLLC

Article V. – Business Purpose: To provide dental care to the general public by a Licensed Florida Dentist (Michael Gunter Hiss - License # DN 20012) in accordance with any local (Fort Myers & Lee County) and/or state (Florida Department of Health and Florida Board of Dentistry) laws, rules and regulations.

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