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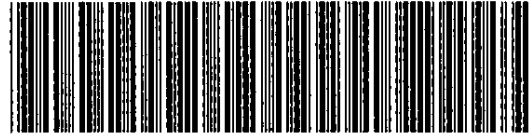
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(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Elizabeth Alfuate, D.M.D., 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:

Elizabeth Alfuate

Name of Person

Elizabeth Alfuate, D.M.D., PLLC

Firm/Company

3540 Bay Island Circle

Address

Jacksonville Beach, Florida 32250

City/State and Zip Code

era9679@aol.com

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

For further information concerning this matter, please call:

Elizabeth Alfuate

Name of Person

at 352 219-3038

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

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

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION
OF
ELIZABETH ALFUENTE, D.M.D., PLLC

The undersigned, acting as organizer of this professional limited liability company pursuant to Chapter 621 of the Florida Statutes and a Doctor of Dental Medicine licensed to render services as such under the laws of the State of Florida, hereby forms a professional limited liability company under the laws of the State of Florida and adopts the following Articles of Organization for such professional limited liability company:

ARTICLE I - NAME OF COMPANY

The name of the professional limited liability company is Elizabeth Alfuentes, D.M.D., PLLC (the "Company").

ARTICLE II - PRINCIPAL OFFICE

The street address, and the mailing address, of the principal office of the Company is 12777 Atlantic Boulevard, Suite 26, Jacksonville, Florida 32225.

ARTICLE III - REGISTERED AGENT AND REGISTERED OFFICE

The street address of the initial registered office of the Company in the State of Florida is 12777 Atlantic Boulevard, Suite 26, Jacksonville, Florida 32225. The name of the registered agent of the Company at that address is Elizabeth Alfuentes.

ARTICLE IV - MANAGEMENT

The Company is to be a member-managed company.

ARTICLE V - GENERAL NATURE OF BUSINESS

The Company shall engage in every phase and aspect of the business of rendering the same professional services to the public that a doctor of dental medicine licensed under the laws

of the State of Florida is authorized to render, but such professional services shall be rendered only through members, officers, employees and agents of the Company who are duly licensed to practice dental medicine under the laws of the State of Florida. It is intended that the Company may conduct and transact any business lawfully authorized and not prohibited by Chapter 608 and Chapter 621, Florida Statutes, as the same may be from time to time amended.

ARTICLE VI - EFFECTIVE DATE

The effective date of these Articles of Organization, and the beginning of the existence of the Company, shall be the date of filing of these Articles of Organization with the Florida Department of State.

The undersigned member has made and subscribed these Articles of Organization this 11 day of January, 2013.

Under penalties of perjury I declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.


Elizabeth Alfuentes, D.M.D.

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TALLAHASSEE, FLORIDA

STATEMENT OF ACCEPTANCE OF REGISTERED AGENT

Having been named as registered agent to accept service of process for the above referenced professional limited liability company, at the place designated in the foregoing Articles of Organization, I hereby accept such appointment and agree to act in such capacity. I further agree to comply with the provisions of all statutes relevant to the proper and complete performance of the duties of a registered agent, and I am familiar with, and accept the duties and obligations of, Section 608.415 of the Florida Statutes.


Elizabeth Alfuentes, Registered Agent

Date: January 11, 2013