

L13 000035879

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

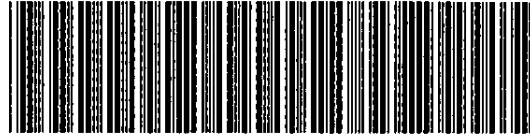
Special Instructions to Filing Officer:

W13-5597

Office Use Only

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 MAR - 1 PM 3:25

FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 MAR - 1 PM 5:25

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 29, 2013

SARAH DYAL
11038 WINDCHIME CIRCLE
CLERMONT, FL 34711

SUBJECT: THE DENTAL EDUCATION INSTITUTE, LLC
Ref. Number: W13000005597

FILED
13 MAR - 1 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for THE DENTAL EDUCATION INSTITUTE, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on January 25, 2013. Please amend your document accordingly.

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: 913A00002180

(850) 245-6051.

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: **The Dental Education Institute, LLC**
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:

Sarah Dyal

Name of Person

The Dental Education Institute, LLC

Firm/Company

11038 Windchime Circle

Address

Clermont, FL 34711

City/State and Zip Code

sdyal.dei@AOL.com

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

For further information concerning this matter, please call:

Sarah Dyal

Name of Person

at **(352) 551-6531**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒ \$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

FILED
13 APR - 1 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Dental Education Institute, 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:

11038 Windchime Circle

Clermont, FL 34711

Mailing Address:

11038 Windchime Circle

Clermont, FL, 34711

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:

Sarah Dyal

Name

11038 Windchime Circle

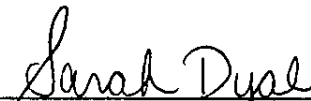
Florida street address (P.O. Box **NOT** acceptable)

Clermont, FL 34711

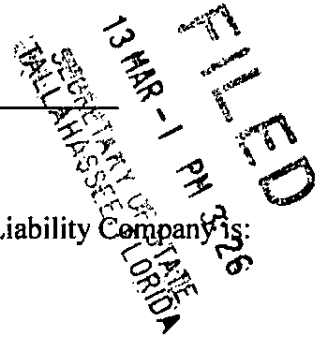
FL

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)



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 _____

Sarah Dyal _____

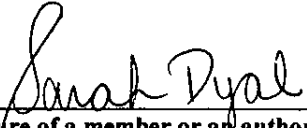
11038 Windchime Circle _____

Clermont, FL 34711 _____

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: March 1, 2013 ~~January 15, 2012~~. (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.)

Sarah Dyal _____

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)