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CONTACT:	Kim Weider	<u>ıbach</u>	
DATE:	<u>05/16/13</u>		
REF. #:	<u>8770921</u>		
CORP. NAME:	ADC (MILI	ER SQUARE), PL	
( ) ARTICLES OF INCO	RPORATION	( ) ARTICLES OF AMENDMENT	( ) ARTICLES OF DISSOLUTION
( ) ANNUAL REPORT		( ) TRADEMARK/SERVICE MARK	( ) FICTITIOUS NAME
( ) FOREIGN QUALIFIC	CATION	( ) LIMITED PARTNERSHIP	(XX) LIMITED LIABILITY
( ) REINSTATEMENT		( ) MERGER	( ) WITHDRAWAL
( ) CERTIFICATE OF C	CANCELLATION		
( ) OTHER:			
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		1000260 1TH CHECK# 1000260	
STATE FEES PR	KEPAID W	TH CHECK# 1000200	FOR \$ 125,00 & 30.00
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PLEASE RETUR	RN:		
( XX) CERTIFIED CO	PY	( ) CERTIFICATE OF GOOD STA	NDING ( ) PLAIN STAMPED COPY
( ) CERTIFICATE OI	F STATUS		

Examiner's Initials

ADC (MILLER SQUARE), PL, a Florida professional limited liability company

#### ARTICLE I NAME

The business and affairs of the Professional Limited Liability Company shall be conducted under the name of:

ADC (MILLER SQUARE), PL

#### ARTICLE II PRINCIPAL OFFICE

The street address and the mailing address of the principal place of business of the Professional Limited Liability Company within the State of Florida shall be:

13840 S.W. 56th Street Miami, Florida 33175

### ARTICLE III INITIAL REGISTERED AGENT/OFFICE

The registered office of the Professional Limited Liability Company and its initial registered agent shall be:

David P. Nichols 6240 Lake Osprey Drive Sarasota, Florida 34240

## ARTICLE IV MANAGEMENT AND POWERS

The business and affairs of the Professional Limited Liability Company shall be managed by one or more Managers elected as provided in the Regulations of the Professional Limited Liability Company.

## ARTICLE V PURPOSES

The purposes of the Professional Limited Liability Company are to engage in the practice of dentistry and any activity or business permitted under the laws of the United States and the State of Florida.

IN WITNESS WHEREOF, these Article day of 12, 2013.	s of Organization have been executed as of the
$\frac{1677}{6}$ day of $\frac{19}{6}$ , 2013.	
WITNESSES:	AMM IIA
aufallel	Melly alba
Print Name: Dra Feable	Donald A. Gallo, D.M.D.
elle Lu	
Print Name: Melissa Tiracia	

"MANAGER"

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#### <u>CERTIFICATE OF DESIGNATION OF</u> REGISTERED AGENT/REGISTERED OFFICE

13 MAY 16 AM 8:41

FUNE LAKY OF STATE

Pursuant to the provisions of Section 608.415 of the Florida Statutes, the dindersigned on Professional Limited Liability Company submits the following statement to designate a registered office and registered agent in the State of Florida.

1. The name of the Professional Limited Liability Company is:

ADC (MILLER SQUARE), PL

2. The name and the Florida street address of the registered agent are:

David P. Nichols 6240 Lake Osprey Drive Sarasota, Florida 34240

Having been named 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Date: 05/

David P. Nichols

"REGISTERED AGENT"