

L13000092045

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

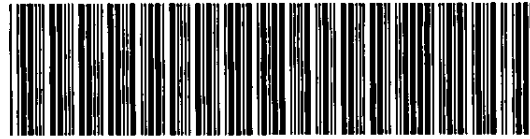
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000254793200

12/23/13--01052--008 **25.00

2013 DEC 23 PM 12:35
FALL RIVER, MA 01907

B. BOSTICK

DEC 31 2013

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KISSIMMEE FAMILY DENTISTRY, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ERIC WEISS

Name of Person

RAILEY, HARDING & ALLEN, P.A.

Firm/Company

15 N. EOLA DRIVE

Address

ORLANDO, FLORIDA 32801

City/State and Zip Code

SHAWN@RAILEYHARDING.COM

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

For further information concerning this matter, please call:

SHAWN JOHNSON

Name of Person

407 648-9119

at ()

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 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

**AMENDED AND RESTATED
ARTICLES OF ORGANIZATION
OF
KISSIMMEE FAMILY DENTISTRY, -LLC
A FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name

L13000092045

The name of the Limited Liability Company is: KISSIMMEE FAMILY DENTISTRY, PLLC ("Company").

ARTICLE II - Address

The mailing address and street address of the principal office of the Company is 1111 Persons Street, Kissimmee, FL 34741

ARTICLE III - Duration

The period of duration for the Company shall be perpetual.

ARTICLE IV - Management

The Company is to be managed by certain designated Managing Members and the name and address of the Managing Members who are to serve as of the date of these Amended and Restated Articles of Organization until the first annual meeting of members or until their successor(s) are elected and qualify are:

C. MICHAEL TURNER DDS, P.A.
1111 PERSONS STREET
KISSIMMEE, FL 34741

PATRICK J. MOKRIS, DMD, P.A.
1111 PERSONS STREET
KISSIMMEE, FL 34741

ARTICLE V - Purpose

The nature of the business and of the purposes to be conducted and promoted by the Company, is to own and operate a dentistry practice.

FILED
KISSIMMEE, FL

2013 DEC 23 PM 12:35

ARTICLE VI – Prohibited Activities

The Company shall only incur indebtedness in an amount necessary to acquire, operate and maintain the premises within which the Business is operated.

ARTICLE VII – Dissolution

To the extent permissible under applicable federal and state tax law, the vote of a majority-in-interest of the remaining members is sufficient to continue the existence of the Company.

ARTICLE VIII - Registered Agent and Office

The name of the registered agent who is to serve as of the date of these Amended and Restated Articles of Organization until the first annual meeting of Members or until his successor is elected and qualifies is Bart R. Saunders and the street address of the registered agent 7232 W SAND LAKE ROAD, SUITE 202, ORLANDO, FL 32819.

ARTICLE IX - Miscellaneous

The right to admit additional members, or whether an assignee of a member's interest may become a member, and the terms and conditions of the admissions, and the right of the remaining members to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member, or the occurrence of any other event which terminates the continued membership of a member, shall be as set forth in the Company's Operating Agreement, which is maintained on file in the Company's primary offices.

Date: 12/19, 2013


Bart R. Saunders
Authorized Representative of the Members

2013 DEC 23 PM 12:35
FALLA'SSIST. LOM. IL.

REGISTERED AGENT ACCEPTANCE

Having been named to accept service of process for the above stated limited liability company at the address designated in this certificate pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned hereby agrees to act in this capacity, and further agrees to comply with the provisions of all statutes relative to the proper and complete discharge of his duties.



Bart R. Saunders

2016 DEC 23 PM 12:35
OFFICE OF THE
TALLAHASSEE COUNTY