

Jun. 27. 2013 2:47PM Gray Robinson

Division of Corporations

No. 1721 P. 1

L13000092778

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H13000146425 3)))



H130001464253ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : GRAYROBINSON, P.A. - ORLANDO
Account Number : I20010000078
Phone : (407) 843-8880
Fax Number : (407) 244-5690

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: guskaloti@gmail.com

RECEIVED
13 JUN 27 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
Ormond Beach Group of Dentists, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

C. LEWIS
JUN 28 2013
EXAMINER
Help

Electronic Filing Menu Corporate Filing Menu

FILED

13 JUN 27 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

Name

The name of this Limited Liability Company is:

Ormond Beach Group of Dentists, LLC

ARTICLE II

Address

The mailing address and the street address of the principal office of this Limited Liability Company is:

802 STERTHAUS DRIVE, SUITE A
ORMOND BEACH, FLORIDA 32174

ARTICLE III

Management

This Limited Liability Company is to be managed by one or more managers and is, therefore, a "manager-managed" limited liability company.

ARTICLE IV

Initial Board of Managers

This Limited Liability Company shall have one (1) manager initially. The number of managers may be either increased or decreased from time to time in accordance with the Operating Agreement of this Limited Liability Company, but shall never be less than one.

The names and addresses of the initial managers of this Limited Liability Company are as follows:

Name

Street Address

GHASSAN KALOTI

10450 SAVANNAH RIDGE LANE
WINTER GARDEN, FL 34787

FILED

13 JUN 27 AM 8:49

ARTICLE V

Registered Agent, Registered Office & Registered Agent's Signature
CLARK COUNTY, FLORIDA

The name and the Florida street address of the Registered Agent of this Limited Liability Company is:

GHASSAN KALOTI
10450 SAVANNAH RIDGE LANE
WINTER GARDEN, FL 34787

Having been appointed as registered agent to accept service of process for this limited liability company at the place so designated in these Articles of Organization, I hereby accept this appointment and agree to serve this Limited Liability Company in this capacity. I am familiar with and accept the obligations of my position as the registered agent for this Limited Liability Company, as provided for in Chapter 608, Florida Statutes.


REGISTERED AGENT'S SIGNATURE

In accordance with Section 608.408(3), *Florida Statutes*, the execution of these Articles of Organization constitutes an affirmation under the penalties of perjury that the facts stated herein are true.


AUTHORIZED REPRESENTATIVE'S SIGNATURE

GHASSAN KALOTI
Type or printed name of signer

FILING FEES:
\$100.00 Filing Fee for Articles of Organization
\$25.00 Designation of Registered Agent
\$30.00 Certified Copy (OPTIONAL)
\$5.00 Certificate of Status (OPTIONAL)