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2013 AUG -5 AM 7:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W13-43807

AUG 22 2013

J. BRYAN

(850) 245-6051.

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **GLOBAL DENTAL STUDIO 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:

**CESAR A ECHAVARRIA**

Name of Person

**GLOBAL DENTAL STUDIO LLC**

Firm/Company

**7316 LAKE WORTH RD**

Address

**LAKE WORTH FLORIDA 33467**

City/State and Zip Code

*Cesar@globaldentalstudio.org*

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

For further information concerning this matter, please call:

**MARGARITA ECHAVARRIA** at ( **561** ) **460-0122**

Name of Person

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 &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 6, 2013

CESAR A ECHAVARRIA  
GLOBAL DENTAL STUDIO LLC  
7316 LAKE WORTH RD  
LAKE WORTH, FL 33467

SUBJECT: GLOBAL DENTAL STUDIO L.L.C.  
Ref. Number: W13000043807

FILED  
2013 AUG -5 AM 7:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for GLOBAL DENTAL STUDIO L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

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.

Joey Bryan  
Regulatory Specialist II

Letter Number: 013A00018806

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

GLOBAL DENTAL STUDIO L.L.C

(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:

7316 LAKE WORTH RD  
LAKE WORTH FL 33467

### Mailing Address:

7316 LAKE WORTH RD  
LAKE WORTH FL 33467

## 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.)

Effective Date 08/01/13

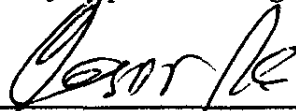
The name and the Florida street address of the registered agent are:

CESAR ECHAVARRIN  
Name

514 Olive Tree Circle  
Florida street address (P.O. Box **NOT** acceptable)

Greenacres FL 33413  
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)

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**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

CESAR A ECHAVARRIA

514 OLIVE TREE CIRCLE

GREENACRES FL 33413

MGRM

MARGARITA ECHAVARRIA

802 WINDWARD WAY #316

LANTANA FL 33462

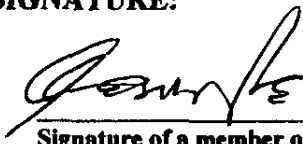
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TALLAHASSEE, FLORIDA

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: AUGUST 1ST 2013. (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.)

CESAR A ECHAVARRIA

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)