

L13000120254

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

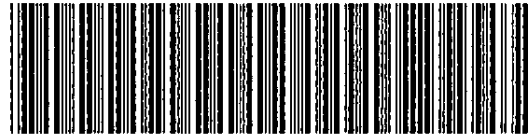
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600250663296

08/23/13--01016--011 **138.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 AUG 23 AM 11:11

FILED

AUG 26 2013

D. BRUCE

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PAUL QUINLAN, D.D.S., P.L.
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:

KERRY ANNE SCHULTZ, ESQUIRE

Name of Person

FOUNTAIN, SCHULTZ & ASSOCIATES, PL

Firm/Company

2045 FOUNTAIN PROFESSIONAL CT., STE. A

Address

NAVARRE, FLORIDA 32566

City/State and Zip Code

KASCHULTZ@FOUNTAINLAW.COM

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

For further information concerning this matter, please call:

BRENDA L. TURLEY

Name of Person

at (850) 939-3535

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 &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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
2013 AUG 23 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION

OF

PAUL QUINLAN, D.D.S., P.L.

The undersigned, being authorized to execute and file these Articles on behalf of the members for the purpose of forming a professional limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, does hereby certify and adopt these Articles of Organization.

ARTICLE I - NAME

The name of the limited liability company shall be "PAUL QUINLAN, D.D.S., P.L." ("Company").

ARTICLE II - ADDRESS

The mailing address of the principal office of the Company shall be 4311 Gulf Breeze Parkway, Gulf Breeze, Florida 32563 and the street address of the principal office of the Company shall be 4311 Gulf Breeze Parkway, Gulf Breeze, Florida 32563.

ARTICLE III - DURATION and PURPOSE

The Company shall commence on the date of filing these Articles of Organization with the Florida Department of State and the Company's existence shall be perpetual. The primary purposes of the Company shall be medical services, and any and all lawful business.

ARTICLE IV - REGISTERED OFFICE AND AGENT

The name and street address of the registered agent of the Company in the State of Florida is Kerry Anne Schultz, Esquire, 2045 Fountain Professional Ct., Suite A, Navarre, Florida 32566.

ARTICLE V - CAPITAL CONTRIBUTIONS

The cash and/or property contributed to the Company by its members and the members' obligations to make additional contributions to the Company shall be as prescribed in the Operating Agreement of the Company as adopted and agreed upon by the members.

FILED
2019 AUG 28 AM 11:11
CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI – MANAGER(S) OR MANAGING MEMBER(S)

The name and address of each Manager or Managing Member is as follows:

Name and Address:

Title:

Paul Quinlan
4311 Gulf Breeze Parkway
Gulf Breeze, Florida 32563

Managing Member

ARTICLE VII - ADMISSION OF ADDITIONAL MEMBERS

Additional members may not be admitted except as prescribed in the Operating Agreement of the Company as adopted and agreed upon by the members. Members' interests in the Company may not be transferred except as prescribed in the Operating Agreement of the Company as adopted and agreed upon by the members.

ARTICLE VIII - MEMBERS' RIGHTS TO CONTINUE BUSINESS

Upon the death, retirement, resignation, expulsion, bankruptcy, withdrawal, or dissolution of a member, or upon the occurrence of any other event which terminates the continued membership of a member in the Company, the remaining members of the Company shall have the right to continue the business of the Company as prescribed in the Operating Agreement of the Company as adopted and agreed upon by the members.

ARTICLE IX - MANAGEMENT

The Company shall be member-managed in accordance with the Operating Agreement of the Company as adopted and agreed upon by the members.

ARTICLE X - AMENDMENT

These Articles of Organization and the Operating Agreement of the Company may be amended from time to time as prescribed in the Operating Agreement of the Company as adopted and agreed upon by the members.

IN WITNESS WHEREOF, the undersigned hereby acknowledges and executes these Articles of Organization on behalf of and as an authorized representative of the members and of the Company.


KERRY ANNE SCHULTZ, Organizer

FILED
2019 AUG 23 AM 11:11
CLERK OF STATE
TALLAHASSEE FLORIDA

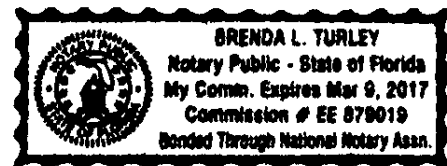
STATE OF FLORIDA
COUNTY OF SANTA ROSA

Sworn to and subscribed before me this 21st day of August, 2013, by Kerry Anne Schultz, who ☒ is personally known to me or who ☐ has produced _____, as identification and who did not take an oath.


NOTARY PUBLIC

Commission No.: _____

My Commission Expires: _____



FILED
2013 AUG 23 AM 11:11
CLERK OF STATE
TALLAHASSEE FLORIDA

**ACCEPTANCE OF DESIGNATION AS
RESIDENT AGENT**

KERRY ANNE SCHULTZ, the designated resident agent of **PAUL QUINLAN, D.D.S., P.L.**, does hereby certify that her business address is 2045 Fountain Professional Court, Suite A, Navarre, Florida 32566, do hereby accept the designation and appointment as resident agent of **PAUL QUINLAN, D.D.S., P.L.**, a Florida Professional Limited Liability Company, and am familiar with and accept the duties and obligations of registered agent.

DATED this ____ day of August, 2013.



Kerry Anne Schultz

STATE OF FLORIDA
COUNTY OF SANTA ROSA

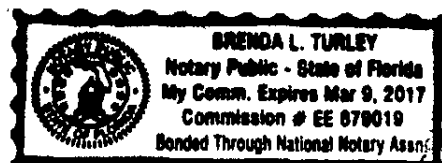
The foregoing instrument was acknowledged before me this 21st day of August, 2013, by KERRY ANNE SCHULTZ who (X) is personally known to me or who () has produced a driver's license as identification and has taken an oath.



NOTARY PUBLIC

Commission No.: _____

Commission Expires: _____



FILED
2013 AUG 23 AM 11:11
CLERK OF STATE
OFFICE OF FLORIDA