

613000140212

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

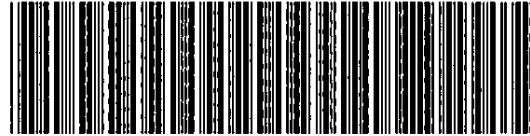
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600252252146

10/03/13--01031--008 \*\*130.00

FILED  
13 OCT -3 AM 10:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(850) 245-6051.

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Gatlin Dental, 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:

**Evelt L. Simmons, Esquire**

Name of Person

**Greenspoon Marder, P.A.**

Firm/Company

**145 N.W. Central Park Plaza, Suite 200**

Address

**Port St. Lucie, Florida 34986**

City/State and Zip Code

**swilli1832@aol.com**

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

For further information concerning this matter, please call:

**Evelt L. Simmons, Esq.** at **(772) 873-5904**

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$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

# ARTICLES OF ORGANIZATION

## ARTICLE I NAME

The name of the Limited Liability Company is GATLIN DENTAL, LLC

## ARTICLE II ADDRESS

### Principal Office Address:

8051 Plantation Lakes Drive  
Port St. Lucie, FL 34986

### Mailing Address:

8051 Plantation Lakes Drive  
Port St. Lucie, FL 34986

## ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

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

Suzanne Spence Williams  
8051 Plantation Lakes Drive  
Port St. Lucie, FL 34986

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, Florida Statutes.



SUZANNE SPENCE WILLIAMS  
Registered Agent's Signature

**ARTICLE IV  
MANAGER OR MANAGING MEMBER**

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

<u>Title</u>	<u>Name and Address</u>
Manager	Suzanne Spence Williams 8051 Plantation Lakes Drive Port St. Lucie, FL 34986

**ARTICLE V  
EFFECTIVE DATE**

The effective date of this limited liability company is the date of filing. 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, Florida Statutes.

  
\_\_\_\_\_  
SUZANNE SPENCE WILLIAMS, Sole Member

Date: September 29, 2013

FILED  
SEP 29 2013  
TALLAHASSEE, FLORIDA  
13 OCT -3 PM 11:25