

L13000173414

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☐ PICK-UP

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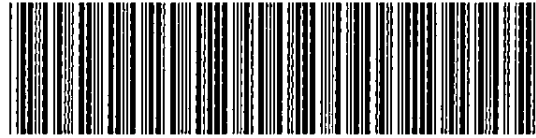
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W13-67669

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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2013 DEC 16 AM 10:29

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 11, 2013

CAPITAL CONNECTION

SUBJECT: PANTZOULAS ORAL SURGERY, PLLC
Ref. Number: W13000067669

We have received your document for PANTZOULAS ORAL SURGERY, PLLC 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 specific purpose of the entity must be set forth in the document.

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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 013A00028142

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

PANTZOULAS ORAL SURGERY, PLLC

Signature _____

Requested by: BA

12/7/13

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____

____ LTD Partnership File _____

____ Foreign Corp. File _____

☒ L.C. File _____

____ Fictitious Name File _____

____ Trade/Service Mark _____

____ Merger File _____

____ Art. of Amend. File _____

____ RA Resignation _____

____ Dissolution / Withdrawal _____

____ Annual Report / Reinstatement _____

____ Cert. Copy _____

☒ Photo Copy _____

____ Certificate of Good Standing _____

____ Certificate of Status _____

____ Certificate of Fictitious Name _____

____ Corp Record Search _____

____ Officer Search _____

____ Fictitious Search _____

____ Fictitious Owner Search _____

____ Vehicle Search _____

____ Driving Record _____

____ UCC 1 or 3 File _____

____ UCC 11 Search _____

____ UCC 11 Retrieval _____

____ Courier _____

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
of
Pantzoulas Oral Surgery, PLLC

The undersigned, desiring to form a professional limited liability company under and pursuant to Florida Statute Chapter 621 entitled "Professional Service Corporation and Limited Liability Company Act" does hereby adopt the following Articles of Organization for such company:

ARTICLE I - NAME

The name of the professional limited liability company is PANTZOULAS ORAL SURGERY, PLLC.

ARTICLE II - PURPOSE, DURATION AND CONTINUED EXISTENCE

The members of this PLLC shall be duly licensed and shall engage in the practice of general dentistry and oral surgery. The period of this PLLC duration shall be perpetual, unless terminated by the unanimous written agreement of all members or by the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or upon the occurrence of any other event which terminates the continued membership of a member; unless the business of the PLLC is continued by the consent of all the remaining members, or by amendment of these Articles of Organization providing for the continued existence of the PLLC subsequent to the foregoing events.

ARTICLE III - ADDRESS

The initial mailing and street address of the principal office of the PLLC is 919 Spring Park Loop, Celebration, FL 34747.

ARTICLE IV - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this PLLC is 919 Spring Park Loop, Celebration, FL 34747; and the name of the initial registered agent of this PLLC at that address is Spiro J. Pantzoulas.

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ARTICLE V - ADMISSION OF ADDITIONAL MEMBERS

Additional members may be admitted upon the approval of a majority of the Members of the Company, upon the written application of such new Member.

ARTICLE VI - MANAGEMENT OF COMPANY

The PLLC is to be a manager-managed company. Management of the Company is reserved to the Members. The name and address of the Managerial Member is:

Spiro J. Pantzoulas
919 Spring Park Loop
Celebration, FL 34747

IN WITNESS WHEREOF, the undersigned Incorporator has hereunto set his hand and seal this 3rd day of December 2013.

Spiro J. Pantzoulas
Spiro J. Pantzoulas, Managing Member

STATE OF FLORIDA
COUNTY OF OSCEOLA

The foregoing instrument was acknowledged before me this 3rd day of December 2013 by **Spiro J. Pantzoulas**, who is ☒ personally known to me *or* ~~who produced his State of Florida's Driver's License No. _____ as~~ identification and who did not take an oath.

Mel Pearlman
Notary Public
My Commission Expires:



MEL PEARLMAN
MY COMMISSION # EE 01288
EXPIRES: September 12, 2014
Bonded Thru Budget Notary Service

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TALLAHASSEE, FLORIDA

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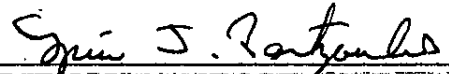
**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT / REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 and 621.13 FLORIDA STATUTES, THE UNDERSIGNED PROFESSIONAL LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Professional Limited Liability Company is:
PANTZOULAS ORAL SURGERY, LLC
2. The name and the Florida street address of the registered agent are:

Spiro J. Pantzoulas
919 Spring Park Loop
Celebration, FL 34747

Having been named as the registered agent and having agreed to accept service of process for the above stated professional 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.


SPIRO J. PANZOULAS, Registered Agent
December 3, 2013

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TALLAHASSEE, FLORIDA

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