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From:

Account Name : FLOYD, SAMMONS & SPANJERS, P.A. .

Account Number: 076726003533

Phone

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Fax Number

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Email Address: JVCDMD@HOTMAIL,COM

FLORIDA LIMITED LIABILITY CO.

Winter Haven Family & Cosmetic Dentistry, LLC

Certificate of Status	U
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

MAR 17 2014

### ARTICLES OF ORGANIZATION

OF

Winter Haven Family & Cosmetic Dentistry, LLC

The undersigned member files these Articles of Organization of a new Limited Liability

Company, under the laws of the State of Florida.

### ARTICLE I. NAME

The name of this limited liability company is: Winter Haven Family & Cosmetic Dentistry, LLC

## ARTICLE II. INITIAL PRINCIPAL OFFICE

The street address of the initial principal office of the Company in the State of Florida is 501 East Central Avenue, Winter Haven, FL 33880. The mailing address of the initial principal office of the Company in the State of Florida is 501 East Central Avenue, Winter Haven, FL 33880. The Members may from time to time move the principal office to any other address.

THIS INSTRUMENT PREPARED BY: Robert O. Sammons, Esq. Floyd, Sammons & Spanjers, P.A. 1556 Sixth Street SE Winter Haven, FL 33880-4509 Florida Bar Number 282952 (863) 293-3801

To:

# ARTICLE III. INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the limited liability company in the State of Florida is 1556 6th Street SE, Winter Haven, FL 33880, and the name of the limited liability company's initial registered agent at that address is Robert O. Sammons, Esq..

#### ARTICLE IV, MANAGEMENT

The limited liability company shall be managed by its members.

If the members of the limited liability company appoint officers, the officers shall have the powers of such officers of a Florida corporation.

### ARTICLE V. EXISTENCE

The limited liability company shall have a perpetual existence, beginning upon the filing of these articles.

# ARTICLE VI. PERMANENT MEMBERS

The names and street addresses of the permanent members of the limited liability

company shall be:

Name Address

Gerald V. Cerdan 501 East Central Avenue, Winter Haven, FL 33880

Jerome V. Cerdan 501 East Central Avenue, Winter Haven, FL 33880

# ARTICLE VII. SIGNING MEMBER

The name and street address of the Signing Member to these Articles of Organization is:

<u>Name</u>

Address

To:

Robert O. Sammons, Esq.

1556 6th Street SE, Winter Haven, FL 33880

Executed this 14 day of March, 2014.

Robert O. Sammons, Esq., Signing Member

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To:

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted, in compliance with said Act:

That Winter Haven Family & Cosmetic Dentistry, LLC, desiring to organize under the laws of the State of Florida, with its principal office, as indicated in the Articles of organization, at 501 East Central Avenue, Winter Haven, FL 33880, has named, Robert O. Sammons, Esq., located at 1556 6th Street SE, Winter Haven, FL 33880, Polk County, Florida, as its agent to accept service of process within this state.

Robert O. Sammons, Esq.,

Signing Member

#### ACKNOWLEDGMENT:

Having been named to accept service of process for the above-stated Company, at the place designated in this certificate, I hereby accept to act in this capacity and agree to comply with the provision of said act relative to keeping open said office. I am familiar with, and accept, the obligations of that position.

Robert O. Sammons, Esq.

Registered Agent

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