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2014 HAR 24 AM III: 02 SECHETARY OF SEATE

MAR 2 7 2013 T. HAMPTON

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	ECT: <u>LOCKWOOD COMMONS DENT</u> Name of Lin	AL CARE LLC mited Liability Company	· · · · · · · · · · · · · · · · · · ·
The en	aclosed Articles of Organization and fee(s) a	re submitted for filing.	
Please	return all correspondence concerning this m	natter to the following:	
	BEN A COOPER	Name of Person	
	PERSONAL CONSULTING SERV	CICES LLC Firm/Company	
	11441 PERICO ISLE CIRCLE	Address	
	BRADENTON, FL 34209	City/State and Zip Code	
В	ENACOOPER@AOL.COM E-mail address: (to be use	ed for future annual report notifica	ntion)
For fu	rther information concerning this matter, ple	ase call:	
<u>BEN</u>	A COOPER at (at (941) 795-7048 Area Code Daytime Te	lephone Number
	sed is a check for the following amount: 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 Add Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3236	tions ter Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
LOCKWOOD COMMONS DENTAL CARE L	LC
(Must end with the words "l	.imited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	cipal office of the Limited Liability Company is:
the manning address and street address of the prin	cipal office of the Ellined Elability Company is.
Principal Office Address:	Mailing Address:
1230-4286 53RD AVENUE EAST	6616 TOPSIDE TERRACE
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as	BRADENTON, FL 34202 Office, & Registered Agent's Signature: ts own Registered Agent. You must designate an individual of
ARTICLE III - Registered Agent, Registered (BRADENTON, FL 34202 Office, & Registered Agent's Signature: ts own Registered Agent. You must designate an individual of istration.)
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as nother business entity with an active Florida reg	BRADENTON, FL 34202 Office, & Registered Agent's Signature: ts own Registered Agent. You must designate an individual cistration.) gistered agent are:
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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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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AMBR" = Authorized Member MGR" = Manager MGR LIA PATRICIA GONZALEZ 6616 TOPSIDE TERRACE BRADENTON, FL 34202 V: Effective date, if other than the date of filing: tive date is listed, the date must be specific and cannot be more than five businfiling.) VI: Other provisions, if any. EOUIRED SIGNATURE: Signature of a member or an authorized representative o (In accordance with section 605.0203 (1) (b), Florida Statutes, the execu constitutes an affirmation under the penalties of perjury that the facts stat I am aware that any false information submitted in a document to the Deconstitutes a third degree felony as provided for in s.817.155, F.S.) LIA PATRICIA GONZALEZ Typed or printed name of signee Filing Fees:	LIA PATRICIA GONZALEZ 6616 TOPSIDE TERRACE BRADENTON, FL 34202 Content than the date of filing: Lia Patricia and cannot be more than five business days prior to or 9 and the date must be specific and cannot be more than five business days prior to or 9 and affirmation under the penalties of perjury that the facts stated herein are true, that any false information submitted in a document to the Department of State a third degree felony as provided for in s.817.155, F.S.) LIA PATRICIA GONZALEZ Typed or printed name of signee Filing Fees: For Articles of Organization and Designation of Registered Agent	۲itle:	Name and Address:
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