of Conforations 10 0000558age

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H140000814193)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GASSMAN & ASSOCIATES, P.A.

Account Number : 075350000514

: (727)442-1200

Fax Number

: (727)443-5829

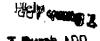
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| Umail | Address: | | | |
|-------|----------|--|--|--|
| | Variansi | | | |

FLORIDA LIMITED LIABILITY CO. BELLA SMILE DENTISTRY OF PINELLAS COUNTY, P.L.L.C.

| Certificate of Status | 0 | | |
|-----------------------|----------|--|--|
| Certified Copy | 0 | | |
| Page Count | 03 | | |
| Estimated Charge | \$125.00 | | |

Electronic Filing Menu Corporate Filing Menu



Audit Fax #: H140000814193

ARTICLES OF ORGANIZATION OF

BELLA SMILE DENTISTRY OF PINELLAS COUNTY, P.L.L.C., a Florida Professional Limited Liability Company

ARTICLE I NAME:

The name of this Professional Limited Liability Company is BELLA SMILE DENTISTRY OF PINELLAS COUNTY, P.L.L.C. (the "Company").

ARTICLE II ADDRESS:

The mailing address and street address of the principal office of the Professional Limited Liability Company is:

4503 West Lambright Street Tampa, FL 33614

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

The name and the Florida street address of the Registered Agent are:

ALAN S. GASSMAN, ESQ. 1245 Court Street, Suite 102 Clearwater, FL 33756

Having been named as Registered Agent and 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 as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

Alan S. Gassman, Esquire 1245 Court Street, Suite 102 Clearwater, FL 33756 (727) 442-1200 Florida Bar # 371750

Audit Fax #; #140000814193 ARTICLES OF ORGANIZATION OF BELLA SMILE DENTISTRY OF PINELLAS COUNTY, P.L.L.C.

Audit Fax #: #140000 814193

ARTICLE IV MANAGER(S) OR MANAGING MEMBER(S):

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

Title:

Name and Address:

MGR, AMBR

RUBEN BOLTELLO, D.M.D. 4503 West Lambright Street Tampa, FL 33614

ARTICLE V ADMISSION OF NEW MEMBERS:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

The manager may admit new members in its sole and unfettered discretion subject only to the condition that such additional member must agree in writing to be bound as a member by the Operating Agreement of the Company.

ARTICLE VI MEMBERS RIGHTS TO CONTINUE BUSINESS:

The right, if given, of the remaining members of the professional limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the professional limited liability company shall be:

The death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the professional limited liability company shall not terminate the company, and the business of the company shall be automatically continued, so long as there is at least one remaining member.

Alan S. Gassman, Esquire 1245 Court Street, Suite 102 Clearwater, FL 33756 (727) 442-1200 Florida Bar # 371750

Audit Fax #: <u>H14000814193</u>
ARTICLES OF ORGANIZATION OF
BELLA SMILE DENTISTRY OF PINELLAS COUNTY, P.L.L.C.

Audit Fax #: 4140000 8141 93

ARTICLE VII NATURE OF BUSINESS:

The purpose for which the professional limited liability company is organized shall be to engage in and carry on all branches of the practice of dentistry within the State of Florida, and to do those things that are necessary or proper in connection with that practice.

ARTICLE VIII DURATION:

The Company's existence shall commence upon the acceptance of the Articles of Organization by the Secretary of State of Florida and shall continue in existence until the expiration of fifty (50) years from such commencement date, unless sooner terminated, liquidated, or dissolved by law or by the unanimous consent of the Members.

ARTICLE IX EFFECTIVE DATE:

The formation of the professional limited liability company shall be effective with filing hereof.

REQUIRED SIGNATURE:

ALAN S. GASSMAN, Authorized Representative

(In accordance with section 605.0203 (1) (b), 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, F.S.)

JABABOTEllo, RubenABELLA SMILE DENTISTRY OF PINELLAS COUNTY, P.L.L.C. (FL)\Articles of Organization.1.wpd tja 4/4/14

Alan S, Gassman, Esquire 1245 Court Street, Suite 102 Clearwater, FL 33756 (727) 442-1200 Florida Bar # 371750

Audit Fax #: H140000814193
ARTICLES OF ORGANIZATION OF
BELLA SMILE DENTISTRY OF PINELLAS COUNTY, P.L.L.C.