

#L14000058533

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

(Business Entity Name)

(Document Number)

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03/24/14--01043--013 **130.00

EFFECTIVE DATE
4-15-2014

FILED
2014 APR -8 PM 4:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
APR - 9 2014

~~Will Legal~~
~~Date~~



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 25, 2014

ALLISON O'BRIEN, DMD
6975 PROFESSIONAL PKWY EAST
SUITE B
SARASOTA, FL 34240

SUBJECT: MOBILE MEDICAL SHARPENING SERVICES, LLC
Ref. Number: W14000018891

We have received your document for MOBILE MEDICAL SHARPENING SERVICES, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on March 24, 2014. Please amend your document accordingly.

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 814A00006381

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Mobile Medical Sharpening Services, 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:

Allison O'Brien, DMD

Name of Person

Mobile Medical Sharpening Services, LLC

Firm/Company

6975 Professional Parkway East, Suite B

Address

Sarasota, Florida 34240

City/State and Zip Code

allison@lwr dentalcare.com

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

For further information concerning this matter, please call:

Allison O'Brien, DMD

Name of Person

at (941) 962-3778

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 FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EFFECTIVE DATE
4-15-2014

Mobile Medical Sharpening Services, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

6975 Professional Parkway East, Ste B
Sarasota, Florida 34240

6975 Professional Parkway East, Ste B
Sarasota, Florida 34240

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Allison O'Brien, DMD

Name

6975 Professional Parkway East, Suite B

Florida street address (P.O. Box NOT acceptable)

Sarasota

FL

34240

City

Zip

FILED
2014 APR - 8 PM 4:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

A. O'Brien DMD

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Allison O'Brien, DMD

6975 Professional Parkway East, Ste B

Sarasota, Florida 34240

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: ~~3-15-14~~ 4-15-14 (OPTIONAL) *AO*

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

A. O'Brien DMD

Signature of a member or an authorized representative of a member.

(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.)

Allison O'Brien, DMD

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)