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(Requestor's Name)

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

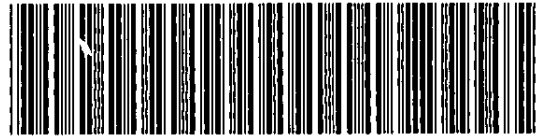
(Business Entity Name)

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B. BOSTICK

APR 30 2014

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Downhome Dental Sleep Medicine, 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:

Sasha J. Minor, D.M.D.
Name of Person

Downhome Dental Sleep Medicine, LLC
Firm/Company

669 2nd Street
Address

Chipley, FL 32428
City/State and Zip Code

sjminor@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Denay Brown, Esq. at (850) 222-0720
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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2009-11-19 11:31:39

**ARTICLES OF ORGANIZATION
OF
DOWNHOME DENTAL SLEEP MEDICINE, LLC**

The undersigned adopts the following Articles of Organization for the purpose of becoming a limited liability company under the laws of the State of Florida, providing for the formation, rights, privileges, and immunities of limited liability companies for profit. I further declare that the following articles shall serve as the Charter and authority for the conduct of business of the limited liability company.

**ARTICLE I
NAME**

The name of the limited liability company shall be DOWNHOME DENTAL SLEEP MEDICINE, LLC.

**ARTICLE II
PRINCIPAL PLACE OF BUSINESS**

The mailing address and street address of the principal office of the limited liability company shall be 699 2ND Street, Chipley, Florida 32428.

**ARTICLE III
REGISTERED AGENT**

The name and the Florida street address of the registered agent are Sasha J. Minor, DMD, 699 2nd Street, Chipley, Florida 32428.

**ARTICLE IV
MANAGEMENT**

The name and address of each person authorized to manage and control the limited liability company shall be

Title:

AMBR

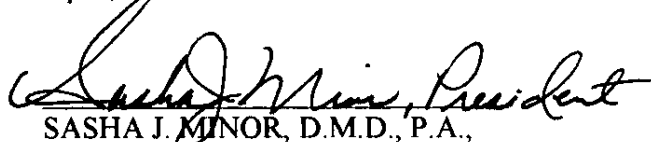
Name and Address:

Sasha J. Minor, D.M.D., P.A.
699 2nd Street
Chipley, Florida 32428

2014 07 29 A 11:32

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.

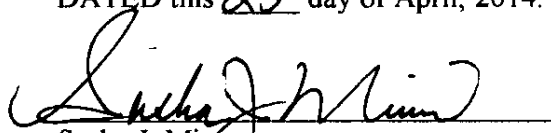
Executed by the undersigned this 23 day of April, 2014.


SASHA J. MINOR, D.M.D., P.A.,
a Florida corporation
By: Sasha J. Minor
Its: President

CERTIFICATE OF REGISTERED AGENT

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.

DATED this 23 day of April, 2014.


Sasha J. Minor

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