

L14 000078423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

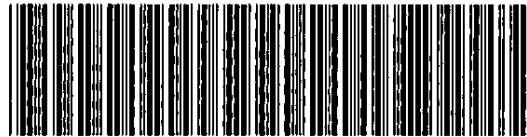
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 MAY 14 PM 3:50

MAY 14 2014  
J. HARRIS

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Dentify 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:

CAROLYN PLUMMER  
Name of Person

KIKI MNGT  
Firm/Company

153 NURMI DR  
Address

FORT LAUDERDALE FL 33301  
City/State and Zip Code

C. Plummer@Rocketmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CAROLYN PLUMMER at 954 621-7129  
Name of Person 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 15, 2014

CAROLYN PLUMMER  
KIKI MNGT  
153 NURMI DR  
FORT LAUDERDALE, FL 33301

SUBJECT: DENTIFY LLC  
Ref. Number: W14000023787

We have received your document for DENTIFY 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 014A00008044

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 MAY 14 PM 3:50

Dentify, Inc.

May 6, 2014

Division of Corporations  
2661 Executive Center Circle  
Tallahassee FL 32301

RECEIVED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 MAY 14 PM 3:50

Re: Dentify

Dear Sirs:

VIA FEDEX

Please be advised that I, George Galluzzo, am the President and duly authorized agent for **DENTIFY, INC.** (Corp. No. **P12000082372**) which company was administratively dissolved for not filing an annual report. Please be advised that I have no intentions of reinstating Dentify, Inc. and instead, hereby wish to release use of the name for use by Dentify, LLC, another entity I am seeking to incorporate (and which I am principal owner (Ref. No. W14000023787), which is the subject of the enclosed letter by your Department. If you have any further questions regarding this matter, please do not hesitate to contact me at (954) 288-4013.

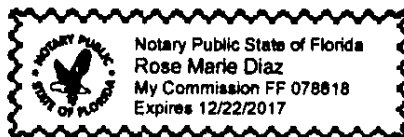
Thanks for your prompt attention to this matter.

Sincerely,

STATE OF FLORIDA COUNTY OF BROWARD

*George Galluzzo*

The foregoing instrument was acknowledged before me this 6 day of MAY, 2014.



*Rose Marie Diaz*

Signature of Notary

Rose M. Diaz

Printed name of Notary

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Dentify 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:

153 NURMI DR  
FORT LAUDERDALE  
FL 33301

Mailing Address:

153 NURMI DR  
FORT LAUDERDALE  
FL 33301

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:

MICHAEL SACKS

Name

7210 W ITERIA AVE.

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

PARKLAND

City

FL

33076

Zip

*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..*

[Signature]  
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

AMBR

AMBR

Name and Address:

CAROLYN PLUMMER  
153 NURMI DR  
FORT LAUDERDALE FL 33301

MARK GRANT  
1416 NURMI DR  
FORT LAUDERDALE FL 33301

DR GEORGE GALLUZZO  
320 SE 18th ST  
FORT LAUDERDALE FL, 33316

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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:

Carolyn Plummer

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.)

CAROLYN PLUMMER

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)

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DIVISION OF CORPORATIONS  
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