

May. 24. 2017 1:52PM
5/24/2017

P. 1

4400101598

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.

((H17000141788 3)))



H170001417883ABC4

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 : DAVID E HIGHTOWER
Account Number : I20060000090
Phone : (850)549-3812
Fax Number : (850)607-2663

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 MAY 24 AM 10:43

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

Email Address: shalimarfamilydentistry1@gmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SHALIMAR FAMILY DENTISTRY, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2017 MAY 24 PM 4:04

TALLAHASSEE, FLORIDA

MAY 25 2017

S. YOUNG

Electronic Filing Menu

Corporate Filing Menu

Help

(((H17000141788 3)))

**AMENDED AND RESTATED ARTICLES OF ORGANIZATION
OF
SHALIMAR FAMILY DENTISTRY, PLLC**

The Articles of Organization of Shalimar Family Dentistry, LLC (the "Professional Limited Liability Company") were filed on June 30, 2014 with an effective date of July 1, 2014, and assigned Florida Document # L14000104598. In accordance with Section 605.0202, these Amended and Restated Articles of Organization of Shalimar Family Dentistry, PLLC have been duly executed and are being filed to amend and restate in their entirety all prior articles of organization filed on behalf of the Professional Limited Liability Company in order for the Professional Limited Liability Company to be subject to the provisions of Chapter 621, Florida Statutes. The Professional Limited Liability Company's Amended and Restated Articles of Organization are as follows:

ARTICLE I - Name

The name of the Professional Limited Liability Company is:

Shalimar Family Dentistry, PLLC

ARTICLE II - Address

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

1 11th Avenue, Suite D3
Shalimar, Florida 32579

ARTICLE III - Duration

The period of duration of the Professional Limited Liability Company shall be indefinite.

ARTICLE IV - Purpose and Powers

The Professional Limited Liability Company is organized for the purpose of engaging in every phase and aspect of the practice of dentistry, and for any legal and lawful purpose for which a professional limited liability company may be organized, and may exercise all powers and rights which a professional limited liability company may exercise under the Professional Service Corporation and Limited Liability Company Act.

ARTICLE V - Members

No person shall be admitted as a member of the Professional Limited Liability Company, unless such person is a professional corporation, a professional limited liability company, or an

(((H17000141788 3)))

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 MAY 24 AM 10:43

((H17000141788 3)))

individual, each of which must be duly licensed or otherwise legally authorized to practice dentistry. Furthermore, each of the individual shareholders of a professional corporation that is a member of the Professional Limited Liability Company must be licensed to practice dentistry, and each of the individual members of a professional limited liability company that is a member of the Professional Limited Liability Company must be licensed to practice dentistry.

A member's interest in the Professional Limited Liability Company may not be sold or otherwise transferred except to a transferee authorized to be a member pursuant to this Article V and otherwise in accordance with the Operating Agreement of the Professional Limited Liability Company, as amended and/or restated.

ARTICLE VI - Management

The Professional Limited Liability Company is to be managed by one or more managers in accordance with the Professional Limited Liability Company's Operating Agreement.

ARTICLE VII - Registered Agent

The name and street address of the registered agent of the Professional Limited Liability Company are:

Lisa Fletcher
111th Avenue, Suite D3
Shalimar, Florida 32579

In accordance with section 605.0205(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

May 24, 2017
Dated

Lisa Fletcher
Lisa Fletcher, Member

REGISTERED AGENT ACCEPTANCE

Having been named as registered agent and to accept service of process for the above stated professional limited liability company at the address designated in this certificate pursuant to the provisions of section 605.0113, Florida Statutes, 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.

May 24, 2017
Dated

Lisa Fletcher
Lisa Fletcher

((H17000141788 3)))

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
MAY 24 AM 10:43