

L14000118712

**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.

(((H14000178467 3)))



H140001784673ABCS

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 : FASTKIT CORP
Account Number : I20100000009
PHONE : (305) 599-0839
Fax Number : (305) 592-9591

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

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
ST. AUGUSTINE DENTAL CENTER, LLC**

CERTIFICATE [®] of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

RECEIVED

14 JUL 28 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 JUL 28 A 10:25

FILED

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - NAME:

The name of the Limited Liability Company is:

ST. AUGUSTINE DENTAL CENTER, LLC

ARTICLE II - ADDRESS:

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

2520 U.S. Highway 1 South

St. Augustine, FL 32086

The mailing address of the Limited Liability Company is:

514 11th Street

St. Augustine, FL 32084

ARTICLE III - REGISTERED AGENT NAME, OFFICE & SIGNATURE:

The name and Florida street address of the registered agent are

Ronald L. Dixon
514 11th Street
St. Augustine, FL 32084

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 Florida Statutes.



Registered Agent's Signature

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 JUL 28 A 10:25

FILED

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

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

Title:

Name & Address:

Managing Member

Ronald L. Dixon
514 11th Street
St. Augustine, FL 32084



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

Ronald L. Dixon

(In accordance with section 605.0203 Florida Statute, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

2014 JUL 28 A 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED