

L14000121825

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

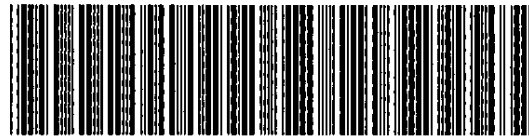
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Robert N. Lowe Dentist, 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:

Jerry W. Allender  
Name

Allender + Allender, PA  
Firm/Company

719 Garden Street  
Address

Titusville, FL 32796  
City/State and Zip Code

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

For further information concerning this matter, please call:

Jerry Allender at (321) 269-1511  
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 Corporation  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporation  
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:

ROBERT N. LOWE DENTIST, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

100 Fortenberry Road  
Merritt Island, Florida 32952

**Mailing Address:**

100 Fortenberry Road  
Merritt Island, Florida 32952

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

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

Robert N. Lowe

Name

100 Fortenberry Road

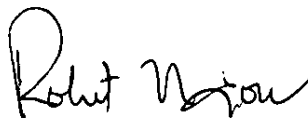
Florida street address (P.O. Box **NOT** acceptable)

Merritt Island

City

32952

Zip



Registered Agent's Signature (REQUIRED)

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TALLAHASSEE, FLORIDA

**ARTICLE IV -**

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

**Title:**

**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Robert N. Lowe  
100 Fortenberry Road  
Merritt Island, FL 32952

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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

**ARTICLE VI:** Other provisions, if any:

A member managed LLC

**REQUIRED SIGNATURE:**



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

Robert N. Lowe

Type 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)

FILED  
14 AUG -1, PM 2:47  
STATE OF FLORIDA  
TALLAHASSEE, FL 32301