

L14000156192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

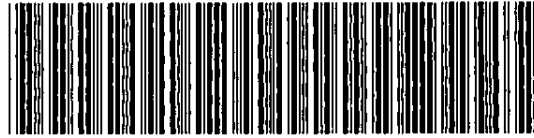
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700264359447

10/07/14--01001--016 **125.00

RECEIVED
DEPARTMENT OF STATE
14 OCT - 6 PM 4: 41

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 OCT - 3 PM 1: 43

OCT - 7 2014
T. HAMPTON

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

GENERAL & IMPLANY DENTISTRY OF

TAMPA BAY, LLC

- Art of Inc. File _____
- LTD Partnership File _____
- Foreign Corp. File _____
- L.C. File _____
- Fictitious Name File _____
- Trade/Service Mark _____
- Merger File _____
- Art. of Amend. File _____
- RA Resignation _____
- Dissolution / Withdrawal _____
- Annual Report / Reinstatement _____
- Cert. Copy _____
- Photo Copy _____
- Certificate of Good Standing _____
- Certificate of Status _____
- Certificate of Fictitious Name _____
- Corp Record Search _____
- Officer Search _____
- Fictitious Search _____
- Fictitious Owner Search _____
- Vehicle Search _____
- Driving Record _____
- UCC 1 or 3 File _____
- UCC 11 Search _____
- UCC 11 Retrieval _____
- Courier _____

Signature _____

Requested by: **SETH**

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

**SUBJECT: General and Implant Dentistry of Tampa Bay, 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:

Maheer Rashid, DMD
Name of Person

General and Implant Dentistry of Tampa Bay, LLC
Firm/Company

14010 Roosevelt Blvd Suite #704
Address

Clearwater, Florida 33762
City/State and Zip Code

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

For further information concerning this matter, please call:

Maheer Rashid at (727) 403-3092
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

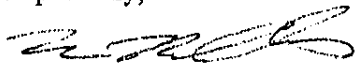
Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**GENERAL
& IMPLANT
DENTISTRY**
OF TAMPA BAY

October 7, 2014

I, Maher Rashid, DMD President of General and Implant Dentistry of Tampa Bay, PA hereby revoke my rights to General and Implant Dentistry of Tampa Bay, PA in connection with formation of General and Implant Dentistry of Tampa Bay, LLC with Maher Rashid, DMD and Murad Rashid, DMD as Presidents. Please feel free to contact me with any questions.

Respectfully,



Maher Rashid, DMD
727-393-9334

FILED
14 OCT -3 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Maher Rashid, DMD
14010 Roosevelt Blvd., Suite 704
Clearwater, Florida 33762

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

General and Implant Dentistry of Tampa Bay, 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:

Mailing Address:

14010 Roosevelt Blvd Suite #704
Clearwater, Florida 33762

14010 Roosevelt Blvd Suite #704
Clearwater, Florida 33762

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:

Maheer Bashid, DMD
Name

1219 Park St N
Florida street address (P.O. Box NOT acceptable)

St Petersburg FL 33710
City 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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED
14 OCT -3 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Name and Address:
Maher Rashid, DMD, President
1219 Park St N
St Petersburg, FL 33710

AMBR

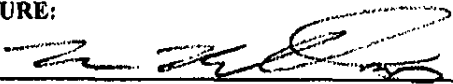
Murad Rashid, DMD, President
306 Signature Terrace
Safety Harbor, FL 34695

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: October 1, 2014 (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:



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.)

Maher Rashid, DMD
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)

14 OCT -3 PM 1:43
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA