

L140000172191

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

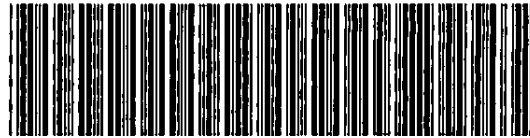
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/28/14--01018--005 **125.00

11/03/14--01048--017 **125.00

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14 NOV -4 PM 1:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV -5 2014
T. HAMPTON

641972-1110

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Aaron Carroll, DMD, MS, PLLC
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:

Entity Creation
Name of Person

Legally Mine
Firm/Company

225 W 520 N
Address

Orem, UT 84057
City/State and Zip Code

entity.creation@legallymineusa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Entity Creation at (800) 3752453
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

July 28, 2014

ENTITY CREATION
LEGALLY MINE
225 W 520 N
OREM, UT 84057

SUBJECT: AARON CARROLL, DMD, MS, PLLC
Ref. Number: W14000046147

We have received your document for AARON CARROLL, DMD, MS, PLLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific purpose of the entity must be set forth in the document.

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.

Tammy Hampton
Regulatory Specialist III

Letter Number: 014A00016115

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Aaron Carroll, DMD, MS, PLLC

(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:

3045 Bobcat Village Center Rd.
North Port
Florida 34288

3045 Bobcat Village Center Rd.
North Port
Florida 34288

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:

Aaron Carroll
Name

3045 Bobcat Village Center Rd.
Florida street address (P.O. Box **NOT** acceptable)

North Port FL 34288
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)

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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:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Aaron Carroll

3045 Bobcat Village Center Rd.

North Port, FL 34288

(Use attachment if necessary)

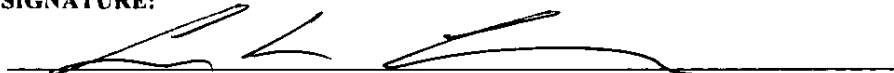
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

The members may in their discretion distribute the profits and/or capital of the LLC business pro-rata or non-pro-rata as they deem advisable. If the Members make non-pro-rata distributions, those shall be taken into account in re-calculating each member's capital account (and/or drawing account) at the end of the LLC's fiscal year.

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.)

Aaron Carroll, Member

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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TALLAHASSEE, FLORIDA

Additional Provisions for Aaron Carroll,
DMD, MS, PLLC;

Purpose of the entity – To provide
Orthodontist Services.

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TALLAHASSEE, FLORIDA