

L14000172843

(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



300263664163

09/18/14--01009--012 **125.00

FILED
14 NOV - 5 PM 2:25
STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

~~W14 51967~~

NOV - 6 2014
T. BROWN

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Michael A Sutton 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:

- \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 22, 2014

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

SUBJECT: MICHAEL A SUTTON DMD MS, PLLC
Ref. Number: W14000057967

We have received your document for MICHAEL A SUTTON 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.

Teresa Brown
Regulatory Specialist II

Letter Number: 514A00020291

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Michael A Sutton DMD MS, PLLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

FILED
14 NOV -5 PM 2:25
TALLAHASSEE, FLORIDA
STATE

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

2449 Yorkshire Dr.
Sarasota
FL 34231

2449 Yorkshire Dr.
Sarasota
FL 34231

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.)

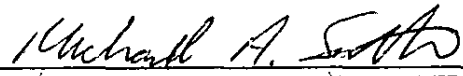
The name and the Florida street address of the registered agent are:

Michael Sutton
Name

2449 Yorkshire Dr.
Florida street address (P.O. Box NOT acceptable)

Sarasota FL 34231
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)

Additional Provisions for Michael A
Sutton DMD MS, PLLC;

Purpose of the entity – To provide
Orthodontist Services.

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:
Michael Sutton
2449 Yorkshire Dr.
Sarasota, FL 34231

(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.
Distribution Authority - 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.)

Michael Sutton
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)