

L15000059039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

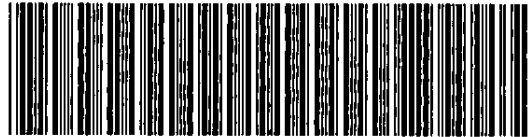
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/02/15--01038--013 **160.00

FILED
15 APR -2 7:10:00
INFORMATION SERVICES

FILED
2015 APR -2 PM 4:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 03 2015
J. HARRIS

FILE NO 215, A00005476

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GO DENTAL ARTS LABORATORY 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:

ORLIN EVTIMOV

Name of Person

GO DENTAL ARTS LABORATORY LLC

Firm/Company

1950 N ANDREWS AVE. APT #208 D

Address

WILTON MANORS, FLORIDA -33311

City/State and Zip Code

GODENTAL@MAIL.COM

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

For further information concerning this matter, please call:

ORLIN EVTIMOV

Name of Person

at (954) 687 45 89

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|---|
| <input 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

March 18, 2015

ORLIN EVTIMOV
1950 N ANDREWS AVE APT 208D
WILTON MANORS, FL 33311

SUBJECT: GO DENTAL ARTS LABORATORY LLC
Ref. Number: W15000019272

We have received your document for GO DENTAL ARTS LABORATORY LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Most financial institutions require the name(s) and address(es) of persons authorized to manage the limited liability company be listed on our records in order for the business entity to open a bank account. You may wish to revise your document to include the name, address, and title of such persons. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 215A00005476

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L.NE 215A00005476

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GO DENTAL ARTS LABORATORY 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:

1950 N ANDREWS AVE APT # 208 D
WILTON MANORS FLORIDA - 33311

1950 N ANDREWS AVE APT # 208 D
WILTON MANORS FLORIDA - 33311

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:

ORLIN EVTIMOV

Name

1950 N ANDREWS AVE APT # 208 D

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

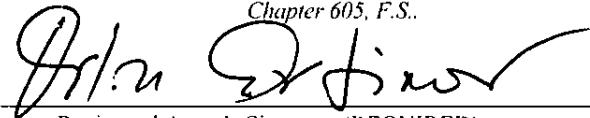
WILTON MANORS

FL 33311A

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 _____

MGR _____

Name and Address:

ORLIN EVTIMOV

1950 N ANDREWS AVE APT # 208 D

WILTON MANORS, FL 33311

ORLIN EVTIMOV

1950 N ANDREWS AVE APT # 208 D

WILTON MANORS, FL 33311

(Use attachment if necessary)

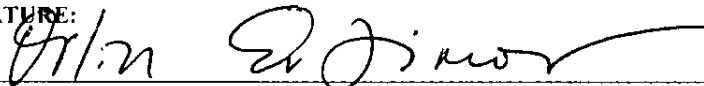
ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(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.

N/A

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.)

ORLIN EVTIMOV

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