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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Metro West Senta/Assisting Academy  
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:

Dr William Glover III LLC  
Name of Person

William Glover, III, Owner, LLC  
**1507 S. Hiawassee Rd. Suite 209**  
**Orlando, Florida 32835**  
**407-522-5595 Fax: 407-522-5598**

Firm/Company

Address

City/State and Zip Code

WBlover3 @ AOL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dr William Glover III at (407) 522-5595  
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

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MAR 30 PM 5:27

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Dr William Glover III 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:

Dr William Glover III LLC  
William Glover, III, D.M.D., LLC  
1507 S. Hiawasse Rd. Suite 209  
Orlando, Florida 32835

407-522-5595 Fax: 407-522-5598

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:

Dr William Glover III  
William Glover, III, D.M.D., LLC  
1507 S. Hiawasse Rd. Suite 209  
Orlando, Florida 32835  
407-522-5595 Fax: 407-522-5598  
Florida street address (P.O. Box NOT acceptable)

FL

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..

Dr William Glover III LLC

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

Dr William Glover III

William Glover, III, D.M.D., LLC

1507 S. Hiawassee Rd. Suite 209

Orlando, Florida 32835

407-522-5595 Fax: 407-522-5598

MGR

AMBR

Angela Glover

1507 S. Hiawassee Rd Ste-209

Orlando FL 32835

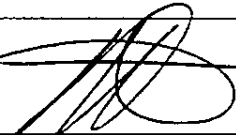
(Use attachment if necessary)

**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.

**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.)

Dr William Glover III LLC

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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15 MAR 30 PM 5:27

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# MetroWest Dental Assisting Academy Organizational Chart

