

L15000110188

(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



200274424562

06/29/15--01022--009 \*\*125.00

RECEIVED  
DEPARTMENT OF  
DIVISION OF  
15 JUN 29 PM 2:32  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

APPROVED  
AND  
FILED  
15 JUN 29 AM 10:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATE  
ACCESS,  
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

PICK UP:

6/29

☐ CERTIFIED COPY

☒ PHOTOCOPY

☐ CUS

☒ FILING

LLC

1. PERIO STUD LLC  
(CORPORATE NAME AND DOCUMENT #)

2.  
(CORPORATE NAME AND DOCUMENT #)

3.  
(CORPORATE NAME AND DOCUMENT #)

4.  
(CORPORATE NAME AND DOCUMENT #)

5.  
(CORPORATE NAME AND DOCUMENT #)

6.  
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

APPROVED  
AND  
FILED

15 JUN 29 AM 10:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**PERIO STUD, LLC**

**ARTICLE II - Address:**

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

**Principal Office Address:**

7975 Southeast 12<sup>th</sup> Circle  
Ocala, FL 34480

**Mailing Address:**

7975 Southeast 12<sup>th</sup> Circle  
Ocala, FL 34480

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

DENNIS B. DAVIS  
7975 Southeast 12<sup>th</sup> Circle  
Ocala, FL 34480

*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, Florida Statutes.*

  
DENNIS B. DAVIS

APPROVED  
AND  
FILED

15 JUN 29 AM 10:33

**ARTICLE IV- Manager(s) or Managing Member(s):**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**Title:**

**Name and Address:**

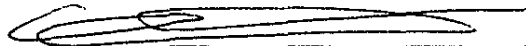
"AMBR" = Authorized Member

"MGR" = Manager

"MGR"

DENNIS B. DAVIS  
7975 Southeast 12<sup>th</sup> Circle  
Ocala, FL 34480

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with Section 6085.0203(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 in s.817.155, F.S.)

DENNIS B. DAVIS

Typed or printed name of signee