

L15000113858

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

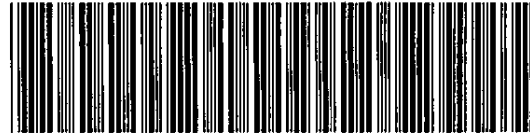
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7/8/15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GEOFFREY R. MORRIS, 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:

GEOFFREY R. MORRIS

Name of Person

GEOFFREY R. MORRIS, DMD, MS, PLLC

Firm/Company

6381 N.W. 120th DRIVE

Address

CORAL SPRINGS, FL 33076

City/State and Zip Code

Geofmorr@nova.edu

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

For further information concerning this matter, please call:

GEOFFREY R. MORRIS at (954) 242-1044

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 Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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15 JUL -6 PM 12:06
TALLAHASSEE, FL
DIVISION OF CORPORATIONS



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FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 23, 2015

GEOFFREY R. MORRIS
6381 N.W. 120TH DRIVE
CORAL SPRINGS, FL 33076

SUBJECT: GEOFFREY R. MORRIS, DMD, MS, PLLC
Ref. Number: W15000043066

We have received your document for GEOFFREY R. MORRIS, DMD, MS, PLLC 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 specific purpose of the entity must be set forth in the document.

Please return the corrected original and one copy of 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) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 515A00013177

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15 JUL -6 PM 12:06
DIVISION OF STATE
CORPORATIONS, PALM BEACH

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GEOFFREY R. MORRIS, DMD, MS, PLLC

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

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15 JUL -6 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

6381 N.W. 120th DRIVE
CORAL SPRINGS, FL 33076

Mailing Address:

SAME

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:

GEOFFREY R. MORRIS

Name

6381 N.W. 120th DRIVE

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

CORAL SPRINGS FL 33076

City

State

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)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager
MGR

Name and Address:

GEOFFREY R. MORRIS

6381 N.W. 120th DRIVE

CORAL SPRINGS, FL 33076

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

I am a Licensed Dentist here in the state of Florida
and opening this company to practice my profession

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.)

GEOFFREY R. MORRIS

Typed or printed name of signer

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 JUL -6 PM 12:06
CLERK OF STATE
TALLAHASSEE, FLORIDA