(Red	questor's Name)			
(Add	dress)			
(Add	iress)	<u></u>		
(City	//State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bus	siness Entity Na	me)		
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



100274799701

08/05/15--01001--002 \*\*125.00

08/05/15--01001--003 \*\*30.00

PM 3: 13

15 AUS -4 PM 3: 40

AUG 0 4 2015

T SCHROEDER

## CORPORATE ACCESS,

When you need ACCESS to the world

INC.

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

	**************************************					
		PIC	K UP: 8/4 GLINDA			
3	<b>X</b> X	CERTIFIED COPY				
;	ķ	РНОТОСОРУ				
		cus				
:	ХХ	FILING	LLC			
1.	-	Dental Associates (CORPORATE NAME AND DOC				
2.	-	(CORPORATE NAME AND DOC	UMENT #)			
3.	-	(CORPORATE NAME AND DOC	UMENT #)			
4.	-	(CORPORATE NAME AND DOC	UMENT #)			
5.	-	(CORPORATE NAME AND DOC	UMENT #)			
6.	_	(CORPORATE NAME AND DOC	UMENT #)			
SPEC	CIAI.	INSTRUCTIONS:				

#### **COVER LETTER**

TO:	Registration Section Division of Corporations	,				
SUBJEC	Dental Associates of Brandon, PLLC					
BOBBE		nited Liability Company				
The encl	losed Articles of Organization and fee(s) are	submitted for filing.				
Please re	eturn all correspondence concerning this ma	tter to the following:				
	Wayne Harreli					
	Name of Person					
	Dental Associates of Brandon, PLLC					
	Firm/Company					
	710 East Reynolds Street					
	Address					
	Plant City, Florida 33563					
	Ci wayneh@smilesincluded.com	ty/State and Zip Code				
	E-mail address: (to be used	for future annual report notification)				
For further	r information concerning this matter, please	call:				
	Wayne Harrell 81:					
		ea Code Daytime Telephone Number				
Enclosed	i is a check for the following amount:					
\$125.00	Filing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed)  S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
	Mailing Address  New Filing Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314	Street Address  New Filing Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301				

# ARTICLES OF ORGANIZATION OF DENTAL ASSOCIATES OF BRANDON, PLLC

The undersigned, for the purpose of forming a professional limited liability company under the Florida Revised Limited Liability Company Act, Florida Statutes Chapter 605 and Florida Statues Chapter 621, hereby makes, acknowledges and files the following Articles of Organization.

#### ARTICLE I - NAME:

The name of the limited liability company (the "Company") is: Dental Associates of Brandon, PLLC.

#### ARTICLE II - ADDRESS:

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

Principal Office Address: 647 West Lumsden Road Brandon, Florida 33511 Mailing Address: 710 East Reynolds Street Plant City, Florida 33563

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

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

Benjamin W. Hardin, Jr., Esquire 1905 Bartow Road Lakeland, Florida 33801

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

PM 3: 40

#### **ARTICLE IV:**

The Company shall be manager-managed. The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

Name and Address:

**MGR** 

Dental Associates of Florida Management Services Co., LLC

710 East Reynolds Street Plant City, Florida 33563

#### **ARTICLE V** -

Effective date,	if other than	the date of filing	a: <b>N/A</b>	

#### **ARTICLE VI -**

The Purpose of the Limited Liability Company is:

To engage in the practice of Dentistry and to own and operate a dental office for the purpose to provide dental and/or orthodontic care and treatment and services related thereto.

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.)

Benjamin W. Hardin, Jr.
Typed or printed name of signee

15 AUG - L PM 3: 1.0