

L15000175420

(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



400278037704

10/16/15--01001--006 \*\*500.00

RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2015 OCT 15 PM 3:07

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 OCT 15 PM 3:42

OCT 15 2015

T SCHROEDER

**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:** 10/15 Glinda

- ☐ **CERTIFIED COPY** \_\_\_\_\_
- xx** **PHOTOCOPY** \_\_\_\_\_
- ☐ **CUS** \_\_\_\_\_
- xx** **FILING** **PLLC** \_\_\_\_\_

1. **Laurie A. Kitson, DMD, PLLC**

(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:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLES OF ORGANIZATION**  
**OF**  
**LAURIE A. KITSON, DMD, PLLC**

The undersigned, for the purpose of forming a professional limited liability company in accordance with Chapters 605 and 621, of the Florida Statutes, does hereby adopt the following Articles of Organization.

**Article 1 - Name and Address**

The name of this professional limited liability company shall be LAURIE A. KITSON, DMD, PLLC (the "Company"). The principal place of business of this Company shall be 1947 Citrona Dr., Fernandina Beach, Florida 32034.

**Article 2 - Commencement**

The Company shall commence upon the filing of these Articles of Organization with the Florida Department of State and shall continue to exist perpetually.

**Article 3 - Nature of Business**

The Company is organized as a professional limited liability company as permitted under the Florida Statutes and the Company will be engaged in every aspect of the business of rendering professional services to the public that a dentist, duly licensed under the laws of the State of Florida, is authorized to render.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
OCT 15 PM 3:42

**Article 4 - Initial Registered Office and Agent**

The street address of the initial registered office of this Company is 1947 Citrona Dr., Fernandina Beach, Florida 32034, and the name of the initial registered agent of this Company at that address is Laurie A. Kitson, DMD.

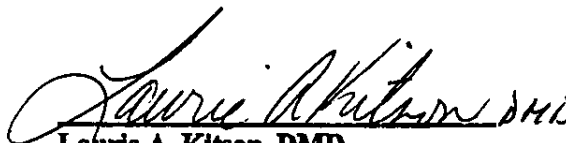
**Article 5 - Management**

The Company is to be managed by managers and is therefore, a manager managed company and the initial Manager and his address is:

<u>Title</u>	<u>Name and Address</u>
MGR	Laurie A. Kitson, DMD 1947 Citrona Dr. Fernandina Beach, Florida 32034

EXECUTED BY the undersigned as an authorized representative of the members and the undersigned hereby acknowledges his execution of these Articles of Organization on the 14 day of October, 2015.

In accordance with section 605.0203(1)(b), Florida Statutes, the execution of these Articles of Organization by the undersigned constitutes an affirmation under the penalties of perjury that the facts stated therein are true.

  
Laurie A. Kitson, DMD

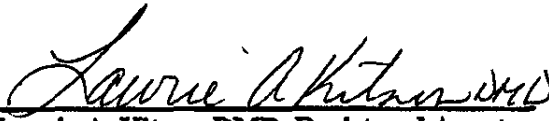
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 OCT 15 PM 3:42

**Statement Accepting Appointment as Registered Agent**

Having been named as registered agent and to accept service of process for the above stated professional 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.

In accordance with section 605.0113, Florida Statutes, the execution of this statement by the undersigned constitutes an affirmation under the penalties of perjury that the facts stated therein are true.

  
Laurie A. Kitson, DMD, Registered Agent  
Date: October 14, 2015

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 OCT 15 PM 3:42