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AUSLEY McMULLEN

ATTORNEYS AND COUNSELORS AT LAW

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TALLAHASSEE, FLORIDA 32301
(850) 224-9115 FAX (850) 222-7560
Writer's Direct Line: (850) 425-5457

November 6, 2015

Secretary of State
2661 Executive Center Circle West
Tallahassee, Florida 32301

VIA HAND DELIVERY

Re: **Tallahassee Pediatric Dentistry, PLLC**

Dear Madam/Sir:

Enclosed are an original and one copy of the Articles of Organization for **Tallahassee Pediatric Dentistry, PLLC**, a professional limited liability company. These Articles include Registered Agent and Registered Office designation for this company. Also enclosed is our check in the amount of:

☐ \$125.00
Filing Fee

☐ \$130.00
Filing Fee &
Certificate of Status

☒ \$155.00
Filing Fee &
Certified Copy
(additional copy enclosed)

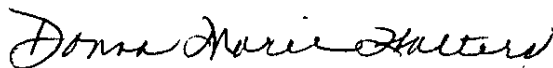
☐ \$160.00
Filing Fee,
Certified Copy &
Certificate of Status
(additional copy enclosed)

Please do not hesitate to call me at (850) 425-5457 if you have any questions. We will have our messenger return to pick up the certified copy and the certificate of filing. We would appreciate your including the following email address in your records for purposes of annual report notification and other notices provided by your office:

HanwayReid@yahoo.com

Thank you in advance for your usual assistance in these matters.

Sincerely,


Donna Marie Walters, FRP
Florida Registered Paralegal

/dmw

Enclosures

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**ARTICLES OF ORGANIZATION
OF
TALLAHASSEE PEDIATRIC DENTISTRY, PLLC**

The undersigned, pursuant to the provisions of Chapter 621, Florida Statutes, provides the following information for the purpose of forming a Professional Limited Liability Company under the laws of the State of Florida.

**ARTICLE 1.
Name**

The name of the Professional Limited Liability Company is **TALLAHASSEE PEDIATRIC DENTISTRY, PLLC.**

**ARTICLE 2.
Address**

The street and mailing address of the place of business in Florida is:

2021 Eastgate Way
Tallahassee, Florida 32308-3813

**ARTICLE 3.
Purpose**

The purpose for which this Professional Limited Liability Company is formed is to engage in the practice of dentistry.

**ARTICLE 4.
Registered Agent and Registered Office**

The name and Florida street address of the initial registered agent in Florida for the Limited Liability Company are:

Reid B. Hanway
2021 Eastgate Way
Tallahassee, Florida 32308-3813

Having been named as registered agent and as the person to accept service of process for the above-stated professional limited liability company at the place designated in these Articles, 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

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TALLAHASSEE, FLORIDA

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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.


Reid B. Hanway, Registered Agent


ARTICLE 5. Management

The Professional Limited Liability Company shall be managed by a Manager and is, therefore, a Manager-managed company. The name and address of each Manager are as follows:

Shawn Stott Hanway, D.M.D., MGR 2021 Eastgate Way
Tallahassee, Florida 32308-3813

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 6th day of November, 2015.

In accordance with Section 605.0203(1)(b), F.S., the execution of this document constitutes an affirmation under 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 Section 817.155, F.S.


SHAWN STOTT HANWAY, D.M.D., Member

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