

L15000212680

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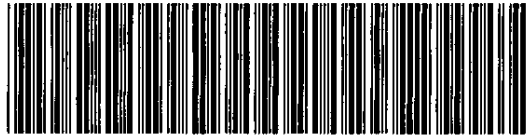
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2015 DEC 17 PM 4:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 29 2015  
T. BROWN

Tampa, December 12, 2015

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

SUBJECT: MOVA ORTHODONTICS PLLC

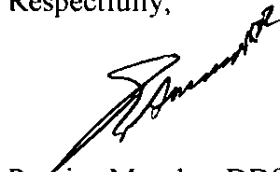
Dear Sirs:

The enclosed Articles of Organization and fee of \$125 are submitted for filing. Please return a copy of the filed document and all correspondence concerning this matter to:

Ramiro Morales, DDS.  
1433 South Belcher Road, Apt F13  
Clearwater FL 33764  
E-mail address: drramiromorales@hotmail.com

For further information concerning this matter, please call: Ramiro Morales at (646) 474-5042.

Respectfully,

A handwritten signature in black ink, appearing to read 'Ramiro Morales', is written over a horizontal line.

Ramiro Morales, DDS.

Enclosures as stated

## ARTICLES OF ORGANIZATION FOR MOVA ORTHODONTICS PLLC

This Professional Service and Limited Liability Company is organized under the provisions of F.S. Chapters 605 and 621 for the purposes of providing such professional services as are hereafter specified.

### ARTICLE I NAME

The name of the Limited Liability Company is MOVA ORTHODONTICS PLLC

### ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Company is 1433 South Belcher Road, Apt. F 13, Clearwater, FL 33764.

### ARTICLE III AREAS OF PRACTICE

The company is organized for the sole and specific purpose of providing Orthodontics, Dentofacial Orthopedics and related professional services.

### ARTICLE IV MANAGEMENT

The Limited Liability Company is a manager-managed Limited Liability Company. The Limited Liability Company shall be managed by the manager or managers who is or are designated, appointed, or elected to act in such capacity in accordance with the Operating Agreement of the Limited Liability Company.

The persons who are designated or appointed as managers shall carry out and further the decisions and actions of the managers or members made under the Operating Agreement and shall be authorized to execute on any and all reports, forms, instruments, documents, papers, writings, agreements, and contracts, including but not limited to deeds, bills of sale, assignments, leases, promissory notes, mortgages, security agreements, and any other type or form of document by which property or property rights of the Company are transferred or encumbered or by which debts and obligations of the Company are created, incurred, or evidenced, which are necessary, appropriate, or beneficial to carry out or further such decisions or actions.

In accordance with F.S. 605.0205(3), the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

  
\_\_\_\_\_  
RAMIRO MORALES DDS

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of F.S. 605.0113, the undersigned Limited Liability Company submits the following statement to designate a registered office and registered agent in the state of Florida.

The name of the limited liability company is MOVA ORTHODONTICS PLLC.

The name and the Florida street address of the registered agent is: Ramiro Morales, DDS., 1433 South Belcher Road, Apt. F 13, Clearwater, FL 33764.

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.



\_\_\_\_\_  
**RAMIRO MORALES, DDS.**

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