

L160000068805

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

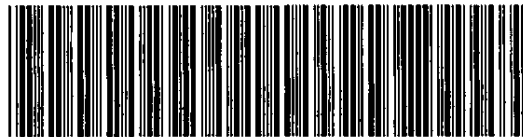
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~~W16-22093~~

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2016 APR -4 PM 3:02  
T. BROWN  
FILLAR ASSOCIATES, PLLC

APR - 8 2016

T. BROWN

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JAMES C. PALADINO, DMD, LLC  
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:

JAMES C. PALADINO, DMD  
Name of Person

Firm/Company

13525 NW 5<sup>th</sup> LANE  
Address

NEWBERRY, FL. 32669  
City/State and Zip Code

JACUPA @ AOL. COM

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

For further information concerning this matter, please call:

JAMES PALADINO at ( 352 ) 262-1055  
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**

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 24, 2016

JAMES C. PALADINO, DMD  
13525 NW 5TH LANE  
NEWBERRY, FL 32669

SUBJECT: JAMES C. PALADINO, DMD, LLC  
Ref. Number: W16000022093

We have received your document for JAMES C. PALADINO, DMD, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is F99200 - JAMES C. PALADINO, D.M.D., P.A..

Please return 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.

Teresa Brown  
Regulatory Specialist II

Letter Number: 216A00006112

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: J. C. PALADINO LIMITED LIABILITY COMPANY

JAMES C. PALADINO, DMD, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

13525 NW 5<sup>th</sup> LANE

NEWBERRY, FL 32669

Mailing Address:

13525 NW 5<sup>th</sup> LANE

NEWBERRY, FL 32669

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:

JAMES C. PALADINO, DMD

Name

13525 NW 5<sup>th</sup> LANE

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

NEWBERRY FL 32669

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.

James C. Paladino DMD

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

AMBR

**Name and Address:**

JAMES C. PALADINO DMD  
13525 NW 5<sup>th</sup> LANE  
NEWBERRY, FL 32669

(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.

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

JAMES C. PALADINO, DMD

Typed or printed name of signee

**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)