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Florida Department of State  
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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : GEORGE F. INDEST III, P.A. - THE HEALTH LAW FIRM  
Account Number : I20000000056  
Phone : (407) 331-6620  
Fax Number : (407) 331-3030

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Email Address: GIndest@TheHealthLawFirm.com

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**FLORIDA LIMITED LIABILITY CO.  
CLIFFORD FAMILY DENTISTRY, PLLC**

Certificate of Status	0
Certified Copy	1
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STATE OF FLORIDA

*08/08/16*

EFFECTIVE DATE 08/05/16

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**ARTICLES OF ORGANIZATION  
OF  
CLIFFORD FAMILY DENTISTRY, PLLC**

**ARTICLE I  
Name and Duration**

The name of this Professional Limited Liability Company is **Clifford Family Dentistry, PLLC** (hereinafter referred to as the "Company"). The duration of the Company shall be perpetual, commencing as of the date signed below or when accepted for filing by the Secretary of State.

**ARTICLE II  
Principal Office**

The mailing address and street address of the principal office of the Company is 1101 Douglas Avenue, Altamonte Springs, Florida 32714, or such other place as the Members may determine from time to time. The Members may change the Principal Office of the Company, without further notice.

**ARTICLE III  
Registered Office and Agent**

The address of the registered office of the Company in the State of Florida is 1101 Douglas Avenue, Altamonte Springs, Florida 32714. The name of the registered agent at such address is The Health Law Firm.

**ARTICLE IV  
Company Purposes, Powers and Rights**

1. The nature of the business to be conducted or promoted and the purposes of the Company are to practice dentistry in the State of Florida, by and through licensed dentists.
2. The Company shall have all of the powers granted to a professional limited liability company under the laws of the State of Florida, including, without limitation, the powers specifically enumerated in Florida Statutes.

**ARTICLE V  
Members and Manager**

1. The initial Member(s) of the Company (the "Members") are set forth in the Company's records dated as of the date hereof.
2. Additional Members may be admitted from time to time only upon the written consent of all of the Members, and under the terms and conditions upon which such consent may be conditioned.

3. The Company shall be a Manager-managed Company.

**ARTICLE VI**  
**Amendment**

The Members shall have the right to amend, alter, change or repeal any provision contained in these Articles of Organization, in the manner now or hereafter prescribed by a written agreement among the Members and all rights conferred upon Members herein are granted subject to this reservation, only with one hundred percent (100%) of the Members concurring.

**ARTICLE VII**  
**Regulations**

The power to adopt, alter, amend or repeal an Operating Agreement (Regulations) for the management of this Company shall be vested in the Members.

**ARTICLE VIII**  
**Limitation for Professional Control of Company**

1. This Company is a professional services company that is and shall be composed solely and exclusively of members who are dentists licensed in the state of Florida.
2. Under Florida law, specifically, Section 466.0285, Florida Statutes, ownership, management and control (including all officers, directors and Managers) of this Company shall be limited solely and exclusively to dentists licensed in the State of Florida.

**ARTICLE IX**  
**Nontransferability of Members' Interest**

1. A Member's interest in the Company may be transferred only with the unanimous written consent of all the remaining Members if the transferee intends to become a Member. Subject to the terms of a written agreement among the Members, without such consent, the transferee shall not be entitled to become a Member of the Company.
2. The undersigned, for the purpose of forming a Professional Limited Liability Company under the laws of the State of Florida, and as the Authorized Representative of the Company, does execute, file and record these Articles of Organization, and does certify that the facts herein stated are true.

**ARTICLE X**  
**Dissolution of Company in Certain Events**

In the event of any violation of these Articles of Organization and specifically Articles VI, VIII, or IX, above, or of any violation of Florida law through the operation of this Company (as determined solely and exclusively by the Company's attorneys), or any filing for receivership, liquidations, seizure, or bankruptcy by the Company, then this Company shall immediately dissolve with all assets being distributed to the Members.

**ARTICLE XI**  
**Effective Date**

These articles shall be effective and this Company shall be organized, effective as of the date given below or when filed with the Florida Secretary of State, whichever is later.

DATED: This fifth day of August 2016.

**AUTHORIZED REPRESENTATIVE & ORGANIZER:**

  
\_\_\_\_\_  
GEORGE F. INDEST III, ESQUIRE

**ACKNOWLEDGMENT**

STATE OF FLORIDA     )  
COUNTY OF SEMINOLE )

The foregoing instrument was acknowledged before me on this 5th day of August 2016, by George F. Indest III, who is personally known to me, acting as the Authorized Representative and Organizer of this Company.



  
\_\_\_\_\_  
NOTARY PUBLIC-STATE OF FLORIDA

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT AND REGISTERED OFFICE  
OF  
CLIFFORD FAMILY DENTISTRY, PLLC**

PURSUANT TO THE PROVISIONS OF FLORIDA STATUTES, THE UNDERSIGNED PROFESSIONAL LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA:

1. The name of the limited liability company is: CLIFFORD FAMILY DENTISTRY, PLLC.

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

The Health Law Firm  
1101 Douglas Avenue  
Altamonte Springs, Florida 32714

Aug: 5. 2016 3:10PM

No. 1054 P. 5  
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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.

**THE HEALTH LAW FIRM**

By: George F. Indest III / Aug. 5, 2016  
GEORGE F. INDEST III, ESQUIRE / Date  
PRESIDENT  
THE HEALTH LAW FIRM  
1101 Douglas Ave.  
Altamonte Springs, FL 32714

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