L16000162173

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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16 MAR 15 PM 1:50

8/31/16

Tim, Please Confirm after this is filed, LDshane, LLC will now be LDshane, PLLC, and that there will not be TWO entities.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LDShane, PLLC
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:

David S. Cohen
Name of Person

Cohen Law Firm
Firm/Company

6900 N. Dallas Parkway, Suite 625
Address

Plano, Texas 75024
City/State and Zip Code

david@cohenlawfirmpllc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Cohen at (972) 379-7513
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

LDShane, PLLC
(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:	**Mailing Address:**
292 19th Avenue South Jacksonville Beach, Florida 32250	292 19th Avenue South Jacksonville Beach, Florida 32250

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:

Ryan Johnson
Name

292 19th Avenue South
Florida street address (P.O. Box **NOT** acceptable)

Jacksonville Beach	Florida	32250
City	State	Zip

FILED
16 MAR 15 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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..

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:	**Name and Address:**
"AMBR" = Authorized Member "MGR" = Manager	
MGR	Ryan Johnson Dentistry, PLLC 292 19th Avenue South Jacksonville Beach, Florida 32250
MGR	Kristopher Harth, PLLC 292 19th Avenue South Jacksonville Beach, Florida 32250

(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.
The entity is formed for the purpose of rendering the professional service of dentistry.

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.

Ryan Johnson, owner of Ryan Johnson Dentistry, PLLC, Member
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)