

# L16000165423

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**FLORIDA LIMITED LIABILITY CO.**  
**Malissa Vacharakiat DMD, LLC**

Certificate of Status	1
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Audit # H16000221297  
**ARTICLES OF ORGANIZATION FOR FLORIDA  
LIMITED LIABILITY COMPANY**

**ARTICLE I**

**Name and Address**

The name of this Limited Liability Company is:

**Malissa Vacharakiat DMD, LLC**

The mailing address and street address of the Limited Liability Company are:

**502 S. Fremont Avenue # 433  
Tampa, FL 33606**

**ARTICLE II**

**Term of Existence**

This Limited Liability Company shall have perpetual existence, commencing upon the date of filing of these Articles with the Florida Department of State.

**ARTICLE III**

**Purpose and Powers**

This Limited Liability Company is organized for the purpose of transacting any and all lawful business for which a Limited Liability Company may be organized under the laws of the State of Florida.

**ARTICLE IV**

**Powers**

The Limited Liability Company shall have the powers granted to a Limited Liability Company under the laws of the State of Florida.

This form was prepared with the assistance of CourtAccess Centers of America, Inc., a non-lawyer located at 3812 W Linebaugh Ave., Suite 102, Tampa, FL 33618,, 813-875-1333.

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**ARTICLE V**  
**Initial Registered Office and Agent**

The street address of the initial registered office of this Limited Liability Company is:

**502 S. Fremont Avenue # 433**  
**Tampa, FL 33606**

and the name of its registered agent at such address is:

**Malissa Vacharakiat**

**ARTICLE VI**  
**Management**

The name and address of each person authorized to manage and control the  
Limited Liability Company:

**Name and Address**

**Malissa Vacharakiat, Authorized Member**  
**502 S. Fremont Avenue # 433**  
**Tampa, FL 33606**

Dated: Tuesday, September 06, 2016

DecuSigned by:

*Malissa Vacharakiat*

Malissa Vacharakiat

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**ACCEPTANCE BY REGISTERED AGENT**

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.

Date: September 6, 2016

DocuSigned by:

*Malissa Vacharakiat*

Malissa Vacharakiat

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