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(City/State/Zip/Phone #)

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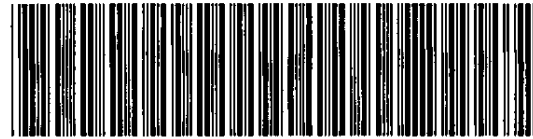
(Business Entity Name)

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16 SEP 27 AM 9:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA

mx 9/28/16

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□ Also Member of Colorado, Florida & North Carolina Bars
° Also Member of Maine Bar

Sender's E-mail: Justin@RMontgomery-law.com

September 22, 2016

Via Federal Express

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

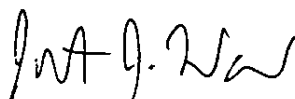
**Re: Nadya Aldochine, DMD, PLLC
Articles of Organization for Florida Limited Liability Company**

Dear Registration Section:

Enclosed for filing please find the Articles of Organization for Florida Limited Liability Company for the above-referenced professional limited liability company, along with a check in the amount of \$125.00 made payable to the "Florida Department of State" to cover the filing fee. Please return a time-stamp copy of the filed document to me.

Thank you.

Very truly yours,



Justin J. Weaver

Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Nadya Aldochine, DMD, 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:

Justin J. Weaver, Esquire

Name of Person

Robert H. Montgomery, III, Esquire, PC

Firm/Company

230 S. Broad Street, Suite 305

Address

Philadelphia, PA 19102

City/State and Zip Code

Justin@Rimontgomery-law.com

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

For further information concerning this matter, please call:

Justin Weaver 215 731-1404
_____ at (_____) _____
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:

Nadya Aldochine, DMD, 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:

8107 Mistral Drive

Orlando, FL 32827

Mailing Address:

8107 Mistral Drive

Orlando, FL 32827

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:

Nadya Aldochine

Name

8107 Mistral Drive

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

Orlando

FL

32827

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE FLORIDA

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:

Nadya Aldochine

8107 Mistral Drive

Orlando, FL 32827

16 SEP 27 AM 9:45
STATE
TALLAHASSEE FLORIDA

(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 purpose of this professional limited liability company is to provide dentistry services.

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.

Nadya Aldochine

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)