

L1600220230

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

M. MOON

DEC 05 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 23, 2016

KEVIN KRAUSE
1956 TAMIAMI TRAIL S
VENICE, FL 34293

SUBJECT: TODAYS DENTAL LAB
Ref. Number: W16000079075

We have received your document for TODAYS DENTAL LAB 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 of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

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.

Matthew T Moon
Regulatory Specialist II

Letter Number: 416A00025213

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TALLAHASSEE, FLORIDA
16 DEC -5 PM 5:36

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Today's Dental Lab
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:

Kevin Krause DMD

Name of Person

Today's Dental Lab

Firm/Company

1956 Tamiami Trail S.

Address

Venice, FL 34293

City/State and Zip Code

dit Venice @ gmail. com

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

For further information concerning this matter, please call:

DR KEVIN KRAUSE

Name of Person

at (941)

Area Code

244-2220

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

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RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Today's Dental Lab 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:

1956 Tamiami Trail
Venice, FL 34293

Mailing Address:

1956 Tamiami Trail
Venice, FL 34293

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:

Kevin Krouse DMD
Name
1956 Tamiami Trail
Florida street address (P.O. Box **NOT** acceptable)
Venice FL 34293
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.

[Signature]
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

AMBR

AMBR

Name and Address:

Kevin Klause IMD
4886 CHERRY LAUREL CIR
SARASOTA FL 34241

Ryan Taylor DDS
4219 S. TAMPAUL TRL
VENICE FL 34293

Kenneth Schweizer DDS
36107 BOLA POINT DR.
SARASOTA FL 34237

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 7/25/16 (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]

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.

Kevin Klause
Typed or printed name of signer

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)

16 DEC -5 PM 5:36

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA