

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**L17000011847**

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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : GASSMAN, CROTTY & DENICOLA, P.A.  
Account Number : 075350000514  
Phone : (727) 442-1200  
Fax Number : (727) 443-5829

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
NAPLES DENTAL PRACTICE, P.L.L.C**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

FILED  
17 JAN 19 AM 9:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



January 19, 2017

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

GASSMAN, CROTTY & DENICOLO, P.A.

SUBJECT: NAPLES DENTAL PRACTICE, P.L.L.C.  
REF: W17000004375

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The specific purpose of the entity must be set forth in the document.

If you have any further questions concerning your document, please call (850) 245-6052.

KYLE D BRUMBLEY  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H17000016336  
Letter Number: 417A00001130

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NAPLES DENTAL PRACTICE, P.L.L.C.

(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:

9101 Park Drive  
Miami Shores, FL 33138

Mailing Address:

9101 Park Drive  
Miami Shores, FL 33138

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:

Alan S. Gassman, Esquire

Name

1245 Court Street, Suite 102

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

Clearwater

FL

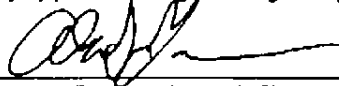
33756

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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**ARTICLE IV-**

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

**Title:**

"AMBR" - Authorized Member

"MGR" - Manager

MGR

**Name and Address:**

Omar Osman

9101 Park Drive

Miami Shores, FL 33138

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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 for which the professional limited liability company is organized shall be to engage in and carry on all branches of the practice of dentistry within the State of Florida, and to do things that are necessary or proper in connection with that practice

**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, P.S.

Alan S. Gasman, as Authorized Representative

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)