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Account#: 120000000088

Date: 01/24/2017

Name: Marisa Kugelman

Reference #: A282421

ENTITY NAME: DIAMOND DENTAL CARE, PLLC

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Annual Report

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other: certified copy upon filing

Authorized Amount: \$155.00

Signature: 

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Diamond Dental Care, 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:

Stewart M. McGough, Esq.

Name of Person

Scolaro, Fetter, Grizanti, McGough & King, P.C.

Firm/Company

507 Plum Street, Suite 300

Address

Syracuse, New York 13204

City/State and Zip Code

brownvp@gmail.com

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

For further information concerning this matter, please call:

Stewart M. McGough at ( 315 ) 471-8111

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Diamond Dental Care, 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:

214 SW Palm Cove Drive

Palm City, FL 34990

214 SW Palm Cove Drive

Palm City, Florida 34990

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:

Neil K. Patel, DMD

Name

214 SW Palm Cove Drive

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

Palm City, Florida 34990

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)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AMBR

Neil K. Patel, DDS-DMD  
214 SW Palm Cove Drive  
Palm City, Florida 34990

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

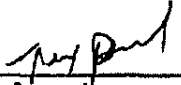
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.

**\*Please see attached\***

**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.

Neil K. Patel, DMD

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)

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STATE OF FLORIDA  
DEPARTMENT OF STATE

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**DIAMOND DENTAL CARE, PLLC**

**ARTICLE VI: Other provisions.**

**Specific Purpose:** The specific purposes for which this professional limited liability company is organized are to engage in the general practice of dentistry and to do all lawful things which may be incidental to or necessary or convenient in connection with the practice of dentistry. This professional limited liability company unless otherwise provided in these Articles of Organization shall have all the powers granted to professional limited liability company by the Florida Statutes, Chapter 621.

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