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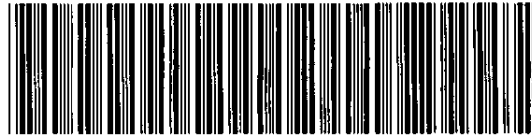
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- ☒ CERTIFIED COPY _____
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1. Oral & Maxillofacial Surgery & Implant Specialist, LLC
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

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STATE OF FLORIDA
TREASURY

ARTICLES OF ORGANIZATION

OF

**ORAL & MAXILLOFACIAL SURGERY
& IMPLANT SPECIALIST, LLC**

The undersigned hereby certifies that the members named herein have associated together for the purpose of becoming a Limited Liability Company under Chapter 605, Florida Statutes (the Florida Revised Limited Liability Company Act), providing for the formation, rights, privileges and immunities of limited liability companies for profit and the following Articles of Organization are hereby adopted.

ARTICLE I.

NAME

The name of the limited liability company (the "Company") shall be **ORAL & MAXILLOFACIAL SURGERY & IMPLANT SPECIALIST, LLC.**

ARTICLE II.

MAILING AND STREET ADDRESS

The mailing and street address of the Company is **3959 Van Dyke Road, Suite 119, Lutz, Florida 33558.**

ARTICLE III.

DURATION; EFFECTIVE DATE

In accordance with Section 605.0207, Florida Statutes, the existence of this Company shall commence upon the filing of these Articles of Organization by the Department of State. The existence of this Company thereafter shall be perpetual.

ARTICLE IV.
INITIAL REGISTERED OFFICE AND REGISTERED AGENT

The address of the initial registered office of the Company is **3959 Van Dyke Road, Suite 119, Lutz, Florida 33558**, and the name of its initial registered agent at such address is **ALEJANDRO CARIBAS-MENDIBLE**.

ARTICLE V.
PURPOSE

This Company is organized for the purpose or purposes of engaging in any activity within the purposes for which a limited liability company may be formed under the Florida Revised Limited Liability Company Act, including matters incidental or pertaining to, or connected with, such purposes, provided the same shall not be inconsistent with the laws of the State of Florida.

ARTICLE VI.
MANAGEMENT

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

MGR

ALEJANDRO CARIBAS-MENDIBLE
3959 Van Dyke Road
Suite 119
Lutz, Florida 33558

Executed by the undersigned on the 1st day of February, 2017.

By: 

VICTORIA J. ALVAREZ

Authorized Representative

STATEMENT OF
REGISTERED AGENT AND REGISTERED OFFICE

Pursuant to the provisions of Section 605.0113, Florida Statutes, **ORAL & MAXILLOFACIAL SURGERY & IMPLANT SPECIALIST, LLC**, a limited liability company organized under the laws of the State of Florida, submits the following statement to designate its Registered Agent and Registered Office in the State of Florida.

The name and address of the Registered Agent and Registered Office are:

ALEJANDRO CARIBAS-MENDIBLE
3959 Van Dyke Road
Suite 119
Lutz, Florida 33558

Having been named as Registered Agent and to accept service of process for **ORAL & MAXILLOFACIAL SURGERY & IMPLANT SPECIALIST, LLC** in this Certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I am familiar with and accept the obligations of my position as Registered Agent. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties as Registered Agent.



ALEJANDRO CARIBAS-MENDIBLE

Date: February 7, 2017

2017 FEB -1 PM 2:05
TALLAHASSEE, FLORIDA