

L17000036339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

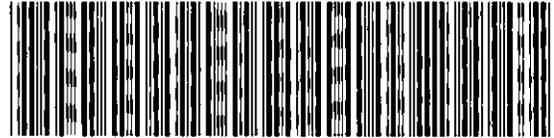
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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C. GOLDEN

FEB 20 2017

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 515473 7704032
AUTHORIZATION : *[Handwritten Signature]*
COST LIMIT : \$125.00

ORDER DATE : February 17, 2017
ORDER TIME : 3:13 PM
ORDER NO. : 515473-005
CUSTOMER NO: 7704032

DOMESTIC FILING

NAME: IDENTAL OF MIAMI, PLLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT.

EXAMINER'S INITIALS: _____

2017 FEB 17 3:13 PM
9:06

COVER LETTER

TO: Registration Section
Division of Corporations

2011 FEB 17 11:05

SUBJECT: iDental of Miami, 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:

Lani M. Dornfeld, Esq.

Name of Person

c/o Brach Eichler L.L.C.

Firm/Company

2875 South Ocean Blvd., Suite 200

Address

Palm Beach, Florida 33480

City/State and Zip Code

ldornfeld@bracheichler.com

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

For further information concerning this matter, please call:

Lani M. Dornfeld, Esq. 973 403-3136
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:

iDental of Miami, PLLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

2017 FEB 17 11:06

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

7730 SW 19th Street
Miami, Florida 33155
Attention: Jose Alberto, DDS

7730 SW 19th Street
Miami, Florida 33155
Attention: Jose Alberto, DDS

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:

Lani M. Dornfeld, Esq.

Name

c/o Brach Eichler L.L.C., 2875 South Ocean Blvd., Suite 200

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

Palm Beach FL 33480

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)

Lani M. Dornfeld, Esq.

(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

Manager

Name and Address:

Jose Alberto, DDS
7730 SW 19th Street
Miami, Florida 33155

(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 the professional limited liability company shall be to engage in the practice of dentistry.

REQUIRED SIGNATURE:

Lani M. Dornfeld

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.

Lani M. Dornfeld, Esq., Authorized Representative

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)

2011 Feb 17 10:09:06