

L17000040619

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000050435 3)))



H170000504353ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

****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.
William F. Seefried, Jr., D.M.D., PLLC**

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$130.00

NI SAMS

23 2017

**ARTICLES OF ORGANIZATION
OF
WILLIAM F. SEEFRIED, JR., D.M.D., PLLC**

ARTICLE I

NAME

The name of the Limited Liability Company is William F. Seefried, Jr., D.M.D., PLLC.

ARTICLE II

ADDRESS

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

820 S.W. Habitat Lane
Palm City, FL 34990

ARTICLE III

INITIAL REGISTERED AGENT AND REGISTERED OFFICE

The name and street address of the initial registered agent of the Limited Liability Company are:

Corporate Creations Network Inc.
11380 Prosperity Farms Road, #221E
Palm Beach Gardens, FL 33410

ARTICLE IV

MANAGER

The Limited Liability Company shall be managed and controlled by a Manager whose name and street address are:

William F. Seefried, Jr., D.M.D.

**ARTICLE V
EFFECTIVE DATE**

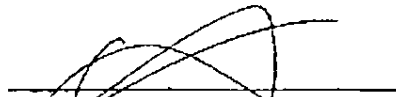
These Articles of Organization shall be effective upon their filing with the Florida Department of State.

ARTICLE VI

PURPOSE

The purpose of the Limited Liability Company is to engage in the practice of dentistry and to provide services incident therein.

These Articles of Organization are executed in accordance with Section 605.003(1)(b), Florida Statutes. The undersigned is aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in Section 817.155, Florida Statutes.



William J. Seefried, Jr., D.M.D., Member

**CERTIFICATE OF DESIGNATION
OF REGISTERED AGENT AND REGISTERED OFFICE**

**PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES,
THE LIMITED LIABILITY COMPANY NAMED BELOW SUBMITS THE
FOLLOWING STATEMENT TO DESIGNATE A REGISTERED AGENT AND
REGISTERED OFFICE IN THE STATE OF FLORIDA.**

1. The name of the Limited Liability Company is William F. Seefried, Jr., D.M.D., PLLC.
2. The name and street address of the Florida registered agent and registered office are:

Corporate Creations Network Inc.
11380 Prosperity Farms Road, #221E
Palm Beach Gardens, FL 33410

Having been named as registered agent to accept service of process for the above stated corporation 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 the 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 provide in Chapter 605, Florida Statutes.

CORPORATE CREATIONS
NETWORK INC.

By: 

Name: Caitlin Lazarus

Title: Special Secretary

Date: 2/22/2017