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2017 APR 27 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 APR 27 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. GOLDEN

APR 28 2017



April 27, 2017

Secretary of State
2661 Executive Center Circle West
Tallahassee, Florida 32301

VIA HAND DELIVERY

Re: **Tiny Teeth of Tally, PLLC**

Dear Madam/Sir:

Enclosed are an original and one copy of the Articles of Organization for **Tiny Teeth of Tally, PLLC**, a professional limited liability company. These Articles include Registered Agent and Registered Office designation for this company. Also enclosed is our check in the amount of:

<input type="checkbox"/> \$125.00	<input checked="" type="checkbox"/> \$130.00	\$155.00	<input type="checkbox"/> \$160.00
Filing Fee	Filing Fee & Certificate of Status requested	Filing Fee & Certified Copy (additional copy enclosed)	Filing Fee, Certified Copy & Certificate of Status (additional copy enclosed)

We would appreciate your including the following email address in your records for purposes of annual report notification and other notices provided by your office:

astridig@gmail.com

Please do not hesitate to call me at (850) 765-1014 if you have any questions. Thank you in advance for your assistance.

Sincerely,

Maelene Tyson

/mct
Enclosures

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
TINY TEETH OF TALLY, PLLC**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I – NAME

The name of the limited liability company is Tiny Teeth of Tally, PLLC (herein the **Company**).

ARTICLE II – ADDRESS

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

Principal Office Address:

Mailing Address:

1164 Tumbleweed Run
Tallahassee, FL 32311

1164 Tumbleweed Run
Tallahassee, FL 32311

ARTICLE III – REGISTERED AGENT

The name and the Florida street address of the registered agent are:

ASTRID GONZALEZ
NAME

1164 TUMBLEWEED RUN
FLORIDA STREET ADDRESS

TALLAHASSEE, FL 32311
CITY STATE ZIP

Having been named as registered agent and to accept service of process for the above stated professional 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.

S/Astrid Gonzalez
Registered Agent Signature

ARTICLE IV – MANAGEMENT

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

Title:

AMBR

Name and Address:

Astrid Gonzalez
1164 Tumbleweed Run
Tallahassee, FL 32311

ARTICLE V – PURPOSE

The purpose of the Company is the practice of dentistry. Members may not be admitted except in accordance with the licensure requirement of Chapter 621, Florida Statutes and the governing documents of the Company.

Signature of Authorized Representative of the Company – by my signature below, I confirm that 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 Section 817.155, F.S.:

S/Astrid Gonzalez

Astrid Gonzalez, Member

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TALLAHASSEE, FLORIDA