

L17000113775

## Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

12670

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(((H17000142015 3)))



H170001420153ABCV

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To:

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

From:

Account Name : CORP USA  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

**\*\*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.  
DR. TATIANA HERZOG SMILE, LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 1        |
| Page Count            | 04       |
| Estimated Charge      | \$155.00 |

N. SAMS

MAY 25 2017

17 MAY 24 PM 16:43  
TALLAHASSEE, FLORIDA

FILED  
17 MAY 24 PM 16:43  
TALLAHASSEE, FLORIDA

400

COVER LETTER

H. 17000142015

TO: New Filing Section  
Division of Corporations

SUBJECT: DR. TATIANA HERZOG SMILE, LLC

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:

TATIANA SANTIAGO HERZOG

Name of Person

Firm/Company

20533 BISCAYNE BLVD., SUITE 444

Address

MIAMI, FL 33180

City/State and Zip Code

DRSANTIAGOHERZOG@GMAIL.COM

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

For further information concerning this matter, please call:

TATIANA HERZOG

305

409-5392

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:

DR. TATIANA HERZOG SMILE, LLC

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

FILED  
17 MAY 24 2017  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

20533 BISCAYNE BLVD., SUITE 444  
MIAMI, FL 33180

SAME

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.)

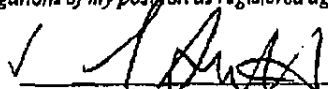
The name and the Florida street address of the registered agent are:

TATIANA SANTIAGO HERZOG  
Name

20533 BISCAYNE BLVD., SUITE 444  
Florida street address (P.O. Box NOT acceptable)

|              |           |              |
|--------------|-----------|--------------|
| <u>MIAMI</u> | <u>FL</u> | <u>33180</u> |
| 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

MGR

**Name and Address:**

TATIANA SANTIAGO HERZOG

21230 NE 24 COURT

MIAMI, FL 33180

AMBR

JAMIE KOVELMAN

16850 COLLINS AVENUE, #112-458

SUNNY ISLES BEACH, FL 33160

AMBR

DANA RICHARDS

985 HARBORVIEW N.

HOLLYWOOD, FL 33019

(Use attachment if necessary)

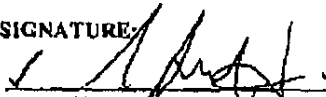
**ARTICLE V:** Effective date, if other than the date of filing: MAY 22, 2017 (OPTIONAL)

(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.

**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.

TATIANA SANTIAGO HERZOG

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)

FILED  
17 MAY 24 11:12  
CLERK OF STATE  
TALLAHASSEE, FLORIDA