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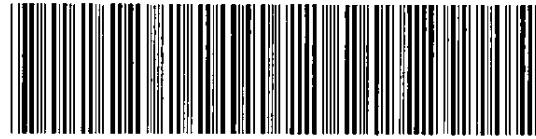
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STATE
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JUN 30 2017

AUSLEY McMULLEN

ATTORNEYS AND COUNSELORS AT LAW

123 SOUTH CALHOUN STREET

P.O. BOX 391 (ZIP 32302)

TALLAHASSEE, FLORIDA 32301

(850) 224-9115 FAX (850) 222-7560

Writer's Direct Line: (850) 425-5457

June 28, 2017

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

VIA HAND DELIVERY

Re: **Periodontal Associates of North Florida PLLC**

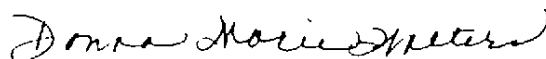
Dear Madam/Sir:

Enclosed are an original and one copy of the Articles of Organization of Periodontal Associates of North Florida PLLC, a Florida professional limited liability company, along with a letter from the professional service corporation of the same name (Periodontal Associates of North Florida, P.A.) giving permission for the PLLC to use the same name. Also enclosed is this firm's check in the amount of \$155.00, comprised of a \$125.00 filing fee and a \$30.00 certified copy fee.

Please do not hesitate to phone our office if you have any questions. We will have our messenger return to pick up the certified copy.

Thank you in advance for your usual assistance in these matters.

Sincerely,



Donna Marie Walters, FRP
Florida Registered Paralegal

/dmw

Enclosures

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periodontal associates
OF NORTH FLORIDA

WALTER E. COLON, II, DMD, MS
DIPLOMATE OF THE AMERICAN BOARD OF PERIODONTOLOGY

June 28th, 2017

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

VIA HAND DELIVERY

Re: **Periodontal Associates of North Florida, P.A.**
(Document Number P07000055542)
Periodontal Associates of North Florida PLLC

Dear Madam/Sir:

By this letter I am giving permission to **Periodontal Associates of North Florida PLLC** to use the same name as the professional service corporation I formed in 2007 and would appreciate your filing the Articles of Organization for the new PLLC.

If you need anything further in this regard, please contact me at (850) 562-6111. Thank you.

Sincerely,

Walter E. Colon, II, M.D.
President of
Periodontal Associates of North Florida, P.A.

/dmw



Active Member
American Academy of Periodontology

PRACTICE LIMITED TO PERIODONTICS AND DENTAL IMPLANTS

1614 West Plaza Drive Tallahassee, FL 32308

T 850.562.6111 F 850.562.7263

www.tallahasseeperio.com

**ARTICLES OF ORGANIZATION
OF
PERIODONTAL ASSOCIATES OF NORTH FLORIDA PLLC**

The undersigned, pursuant to the provisions of Chapters 605 and 621, Florida Statutes, provides the following information for the purpose of forming a Professional Limited Liability Company under the laws of the State of Florida.

**ARTICLE 1.
Name**

The name of the Professional Limited Liability Company is **Periodontal Associates of North Florida PLLC**.

**ARTICLE 2.
Address**

The street and mailing address of the place of business in Florida is:

1614 West Plaza Drive
Tallahassee, Florida 32308

The mailing address of the business in Florida is:

7465 Heartland Circle
Tallahassee, Florida 32312

**ARTICLE 3.
Purpose**

The purpose for which this Professional Limited Liability Company is formed and the general nature of the business and activities to be transacted and carried on by this company are as follows:

- A. to engage in every aspect and phase of the practice of dentistry and periodontics and related activities within the State of Florida;
- B. to engage in any activities necessary and proper to facilitate and promote the practice of dentistry and periodontics through its Managers, Members, and employees;

- C. to the extent not prohibited by the Professional Service Corporation Act, to invest its funds in real estate, mortgages, stocks, bonds and any other type of investments;
- D. to own or lease real or personal property necessary for the rendering of professional services; and
- E. to engage in any or all other activities or business permitted under the Florida Professional Services Corporation Act for the rendering of professional dental and periodontal services and related activities consistent with the Florida Business Corporation Act.

**ARTICLE 4.
Registered Agent and Registered Office**

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

Ausley & McMullen, P.A.
Attn.: Robert A. Pierce
123 South Calhoun Street
Tallahassee, Florida 32301-1517

Having been named as registered agent and as the person to accept service of process for the above-stated limited liability company at the place designated in these Articles, 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, Florida Statutes.

s/Robert A. Pierce

**Ausley & McMullen, P.A., Registered Agent
Robert A. Pierce, for the Firm**

**ARTICLE 5.
Management**

The name and address of the person authorized to manage and control the limited liability company are as follows:

Walter E. Colon II, MGR

1614 West Plaza Drive
Tallahassee, Florida 32308

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 27th day of June, 2017.

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/Robert A. Pierce

ROBERT A. PIERCE

Authorized Representative of Member