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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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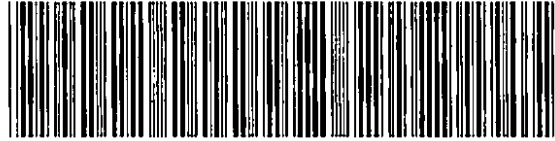
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 OCT -2 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Members of the Pennsylvania & New Jersey Bars

* Also Member of New York & Texas Bars

† Also Member of District of Columbia Bar

‡ Member of Colorado, Connecticut, Florida, Massachusetts & North Carolina Bars, only

§ Member of Pennsylvania Bar only

Sender's E-mail: Anna@RMontgomery-Law.com

September 28, 2017

Via First Class Mail

New Filing Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

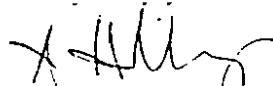
Re: Articles of Organization – Harp Pediatric and Family Dentistry, PLLC

Dear Sir/Madam:

Please find enclosed for filing the Articles of Organization for Harp Pediatric and Family Dentistry, PLLC and a check for \$125.00 made payable to the "Florida Department of State" for the filing fee for the Articles of Organization and Designation of Registered Agent.

Kindly return the file-stamped Articles of Organization and/or letter of acknowledgement to me in the enclosed, self-addressed envelope. Please feel free to contact me should you have any questions. Thank you.

Very truly yours,


Anna M. Haslinsky

AMH/avf
enclosures

New York Office ♦ 57 West 57th Street, 4th Floor, New York, New York 10019 ♦ Tel: (646) 677-2603
New Jersey Office ♦ 100 Overlook Center, 2nd Floor, Princeton, New Jersey 08540 ♦ Tel: (856) 354-2229
Texas Office ♦ 901 Mopac Expressway South, Building 1, Suite 300, Austin, Texas 78746 ♦ Tel: (512) 955-3041

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Harp Pediatric and Family Dentistry, 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:

Anna Haslinsky, Esq.

Name of Person

Robert H. Montgomery, III, Esq., P.C.

Firm/Company

230 S. Broad Street, Suite 305

Address

Philadelphia, PA 19102

City/State and Zip Code

Anna@RMontgomery-Law.com

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

For further information concerning this matter, please call:

Anna Haslinsky

215

731-1404

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:

Harp Pediatric and Family Dentistry, PLLC

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

ARTICLE II - Address:

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

Principal Office Address:

6006 Grand Palm Drive, Apartment 520
Tampa, FL 33647

Mailing Address:

6006 Grand Palm Drive, Apartment 520
Tampa, FL 33647

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:

Mark Dawoud, DMD

Name

6006 Grand Palm Drive, Apartment 520

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

Tampa

FL

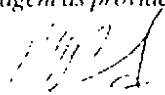
33647

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)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Mark Dawoud, DMD

6006 Grand Palm Drive, Apartment 520

Tampa, FL 33647

(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 this professional limited liability company is to provide dentistry services.

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.

Mark Dawoud, DMD

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)

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