

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.

(((H17000276215 3)))



H170002762153ABC+.

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 : HAILE, SHAW & PFAFFENBERGER, P.A.

Account Number : 076326003550 Phone : (561)627-8100 Fax Number : (561)622-7603

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: lindsaydurtschi@gmail.com

RECEIVED

7 OCT 20 AM 9: OT

13.Ch J. CANTAKTONE
UREAU 9F CUMITERCIAL
NFORMATION SFRVICES

FLORIDA LIMITED LIABILITY CO.
MIDTOWN DENTAL AND VISION, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

17 OCT 20 M D: 51

OCT 2 3 2017

FAN: H17000276215 3

ARTICLES OF ORGANIZATION

OF

MIDTOWN DENTAL AND VISION, LLC

The undersigned authorized representative of a member, for the purpose of forming a professional limited liability company under the Florida Revised Limited Liability Act, Florida Statutes Chapters 605 (the "Act"), hereby makes, acknowledges and files the following Articles of Organization:

ARTICLE I - NAME

The name of the professional limited liability company is MIDTOWN DENTAL AND VISION, LLC (the "Company").

ARTICLE II - ADDRESS

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

2820 Endor Road Pensacola, FL 32503

ARTICLE III - REGISTERED AGENT

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

Haile, Shaw & Pfaffenberger, P.A. 660 U.S. Highway One - Third Floor North Palm Beach, FL 33408

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.

Haile Shaw & Pfaffenberger, P.A.

Philip M. DiComo, Esq.

DASS 003JD05500A1 v1

FAN: H17000276215 3

FAN: H17000276215 3

ARTICLE V -- MANAGEMENT

The Company will be manager managed, and the manager may, but does not have to be a member. The name and address of each person authorized to manage and control the Company are:

Title	Name and Address
MGR	Midtown Vision, LLC 2820 Endor Road
	Pensacola, FL 32503
MGR	Nathaniel Durtschi DMD, PA 2820 Endor Road Pensacola, FL 32503

Dated: October 19, 2017

REQUIRED SIGNATURE

Philip M. DiComo, Authorized Representative

(In accordance with Section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)