Division of Corporations **Electronic Filing Cover Sheet**

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.

(((H17000334622 3)))



H170003346223ABC

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 : BUSINESS FILINGS Account Number : 105256001620 Phone : (608)827-5300 Fax Number : (608)827-5501

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.

Splendid Dental PLLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

D O'KEEFE

FAX AUDIT # <u>H170003346223</u>

ARTICLES OF ORGANIZATION OF Splendid Dental PLLC

ARTICLE I

NAME

The name of the limited fiability company is: Splendid Dental PLLC

ARTICLE II

ADDRESS

The principal place of business and mailing address of this Limited Liability Company shall be: 6111 Gannetside Pl, Lithia, Florida 33547.

ARTICLE III

PURPOSE

The purpose for which the limited liability company is organized is: General Dentistry; Diagnose dental related diseases, prevent further diseases, intervene all dental related diseases, maintain and improve oral health.

ARTICLE IV INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the registered agent are: Business Filings Incorporated, 1200 South Pine Island Road, Plantation, Florida 33324. Located in the County of Broward.

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.

Signature:

Date: December 20, 2017

Mark Williams, A.V.P. Business Filings Incorporated

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the members and the names and addresses of the members of the Limited Liability Company are:

Tammy Hsu, 19517 French Lace Dr, Lutz, Florida 33558 Sun Park Kuo, 6111 Gannetside Pl, Lithia, Florida 33547

FAX AUDIT # <u>H17660 2344223</u>

FAX AUDIT # 417000 3346233

ARTICLE VI

DURATION

The duration for the limited liability company shall be: Perpetual.

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.817.153, F.S.)

FAX AUDIT # <u>H170003346223</u>