

LI8000 28127

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

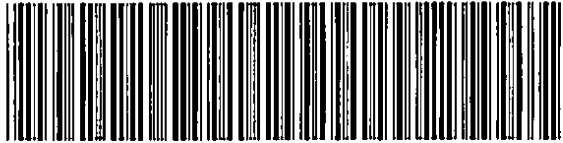
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OFFICE OF THE SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUSLEY-McMULLEN

ATTORNEYS AND COUNSELORS AT LAW

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P.O. BOX 391 (ZIP 32302)
TALLAHASSEE, FLORIDA 32301
(850) 224-9115 FAX (850) 222-7560
Writer's Direct Line: (850) 425-5457

January 31, 2018

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

VIA HAND DELIVERY

Re: **Monticello Dentistry, PLLC**

Dear Madam/Sir:

Enclosed are an original and one copy of the Articles of Organization for **Monticello Dentistry, PLLC**, a professional limited liability company. These Articles include Registered Agent and Registered Office designation for this company. Also enclosed is our check in the amount of:

<input type="checkbox"/> \$125.00 Filing Fee	<input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status	<input checked="" type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy enclosed)	<input type="checkbox"/> \$160.00 Filing Fee, Certified Copy & Certificate of Status (additional copy enclosed)
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Please do not hesitate to call me at (850) 425-5457 if you have any questions. We will have our messenger return to pick up the certified copy and the certificate of filing.

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

Sincerely,


Donna Marie Walters, FRP
Florida Registered Paralegal

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TALLAHASSEE, FLORIDA

/dmw

Enclosures

sos tr 20180131 md plc ans

**ARTICLES OF ORGANIZATION
OF
MONTICELLO DENTISTRY, PLLC**

The undersigned, pursuant to the provisions of Chapter 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 **Monticello Dentistry, PLLC.**

**ARTICLE 2.
Address**

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

1535 West Washington Street
Monticello, Florida 32344

**ARTICLE 3.
Purpose**

The purpose for which this professional limited liability company is formed is to engage in the practice of dentistry.

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

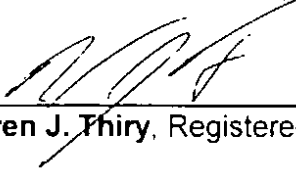
The name and Florida street address of the initial registered agent in Florida for the limited liability company are:

Warren J. Thiry
1535 West Washington Street
Monticello, Florida 32344

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

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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.


Warren J. Thiry, Registered Agent

**ARTICLE 5.
Management**

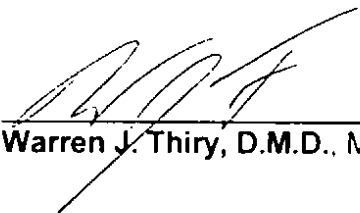
The name and address of the Manager are as follows:

Warren J. Thiry, Manager

1535 West Washington Street
Monticello, Florida 32344

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 31st day of January, 2018.

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.


Warren J. Thiry, D.M.D., Member

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