

L18000051708

Florida Department of State
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.

(((H18000066946 3)))



H180000669463ABC7

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 : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

18 FEB 28 PM 1:34

FILED

****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.
Florida Dental Team, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

RECEIVED

2018 FEB 28 AM 10:56

2018 FEB 28 AM 10:56

Electronic Filing Menu

Corporate Filing Menu

Help

N CULLIGAN

MAR 1 . 2018

FILED

18 FEB 28 PM 1:34

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Florida Dental Team , LLC

(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:

Mailing Address:

1000 Woodcock Road, Suite 120
Orlando, FL 32803

182 Industrial Road
Glen Rock, PA 17327

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:

<u>CT Corporation System</u>		
Name		
<u>1200 South Pine Island Road</u>		
Florida street address (P.O. Box <u>NOT</u> acceptable)		
<u>Plantation,</u>	<u>Florida</u>	<u>33324</u>
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.

By: Sherry McGinnis
CT Corporation System
Registered Agent's Signature (REQUIRED)

Sherry McGinnis Asst Secretary

(CONTINUED)

FILED

18 FEB 28 PH 1:34

ARTICLE IV-

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

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member "MGR" = Manager AMBR	Neal B. Ziegler, DDS 715 Bayshore Dr Ft Lauderdale, FL 33304
AMBR	Cassandra Dorsey, DMD 758 Mandalay Grove Court Merritt Island, FL 32953
MGR	Caryl L. Hollinger 182 Industrial Road Glen Rock, PA 17327
MGR	Raymond D Figueroa 182 Industrial Road Glen Rock, PA 17327

(Use attachment if necessary)

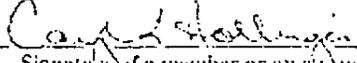
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

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.

Caryl L. Hollinger: _____

Typed or printed name of signer

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)