118000149988

(Requestor's Name)		
(Address)		
(Address)		
(Ĉity/State/Zip/Phone #)	_	
PICK-UP WAIT MAIL		
(Business Entity Name)	_	
(Document Number)		
Certified Copies Certificates of Status	_	
Special Instructions to Filing Officer:		

Office Use Only



400314867524

SECRETARY OF STATE WILL AHASSEE, FLORIDA

FILED
18 JUN 19 AM 9: 21

JUN 2 0 2010
T SCHROEDEF

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 6/19/18

NAME: ALANI DENTAL, P.L.L.C.

TYPE OF FILING: ARTICLES

COST:

125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

ARTICLES OF ORGANIZATION

OF

ALANI DENTAL, P.L.L.C.

The undersigned, being authorized to execute and file these Articles on behalf of the members for the purpose of forming a professional limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 605, does hereby certify and adopt these Articles of Organization.

ARTICLE I - NAME

The name of the limited liability company shall be "ALANI DENTAL, P.L.L.C." ("Company").

ARTICLE II - ADDRESS

The mailing address of the principal office of the Company shall be 6223 Sauterne Drive, Jacksonville, Florida 32210, and the street address of the principal office of the Company shall be 6223 Sauterne Drive, Jacksonville, Florida 32210.

ARTICLE III – DURATION and PURPOSE

The Company shall commence on the date of filing these Articles of Organization with the Florida Department of State and the Company's existence shall be perpetual. The primary purposes of the Company shall be operation of a dental practice and related services.

ARTICLE IV - REGISTERED OFFICE AND AGENT

The name and street address of the registered agent of the Company in the State of Florida is Kerry Anne Schultz, Esquire, 2045 Fountain Professional Ct., Suite A. Navarre, Florida 32566.

ARTICLE V - CAPITAL CONTRIBUTIONS

The cash and/or property contributed to the Company by its members and the members' obligations to make additional contributions to the Company shall be as prescribed in the Operating Agreement of the Company as adopted and agreed upon by the members.

ARTICLE VI - MANAGER OR MEMBER

The name and address of each Manager or Managing Member is as follows:

Name and Address:

Title:

Mustafa Naif 6223 Sauterne Drive Jacksonville, Florida 32210 Member

ARTICLE VII - ADMISSION OF ADDITIONAL MEMBERS

Additional members may not be admitted except as prescribed in the Operating Agreement of the Company as adopted and agreed upon by the members. Members' interests in the Company may not be transferred except as prescribed in the Operating Agreement of the Company as adopted and agreed upon by the members.

ARTICLE VIII - MEMBERS' RIGHTS TO CONTINUE BUSINESS

Upon the death, retirement, resignation, expulsion, bankruptcy, withdrawal, or dissolution of a member, or upon the occurrence of any other event which terminates the continued membership of a member in the Company, the remaining members of the Company shall have the right to continue the business of the Company as prescribed in the Operating Agreement of the Company as adopted and agreed upon by the members.

ARTICLE IX - MANAGEMENT

The Company shall be member-managed in accordance with the Operating Agreement of the Company as adopted and agreed upon by the members.

ARTICLE X - AMENDMENT

These Articles of Organization and the Operating Agreement of the Company may be amended from time to time as prescribed in the Operating Agreement of the Company as adopted and agreed upon by the members.

IN WITNESS WHEREOF, the undersigned hereby acknowledges and executes these Articles of Organization on behalf of and as an authorized representative of the members and of the Company.

KERRY ANNE SCHULTZ, Organizer

FILED BJUN 19 AH 9:21 CHETARY OF STATE

STATE OF FLORIDA COUNTY OF SANTA ROSA

	q day of June, 2018, by Kerry Anne Schultz,
who Wis personally known to me or who () has produced , as
identification and who did not take an oath.	A O
ANGELA FAULKNER MY COMMISSION # FF 931941 EXPIRES: November 7, 2019 Booded Thru Budget Notary Services	NOTARY PUBLIC Commission No: My Commission Expires:

18 JUN 19 AM 9: 21
SLURE LARY OF STATE
TALL AHASSET, FLORIDA

ACCEPTANCE OF DESIGNATION AS RESIDENT AGENT

KERRY ANNE SCHULTZ, the designated resident agent of ALANI DENTAL, P.L.L.C does hereby certify that her business address is 2045 Fountain Professional Court, Suite A, Navarre, Florida 32566, do hereby accept the designation and appointment as resident agent of ALANI DENTAL, P.L.L.C a Florida Professional Limited Liability Company, and am familiar with and accept the duties and obligations of registered agent.

DATED this / day of June, 2018.

Kerry Anne Schultz

STATE OF FLORIDA COUNTY OF SANTA ROSA

The foregoing instrument was acknowledged before me this **4** day of June, 2018, by KERRY ANNE SCHULTZ who () is personally known to me or who () has produced a driver's license as identification and has taken an oath.



XOTARY PUBLIC
Commission No.:
Commission Expires:

18 JUN 19 AM 9:21
SLUME FARY OF STATE
FALLAHASSEE, FLORIDA