

06/20/2018

06:13 AM PDT

TO:18506176381 FROM:9045126629

Page: 2

L18 000 151 875

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.

(((H18000183586 3)))



H180001835863ABC7

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 : RE2LEGAL, LLC
Account Number : I20140000033
Phone : (904) 567-1177
Fax Number : (904) 567-1066

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

Email Address: tgalligan87@gmail.com**FLORIDA LIMITED LIABILITY CO.****Space Coast Smiles, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

RECEIVED

2018 JUN 20 AM 10:01

DIVISION OF CORPORATIONS
COMMERCIAL SERVICESSECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 JUN 20 AM 10:46

FILED

40

Electronic Filing Menu

Corporate Filing Menu

Help

D O'KEEFE

H18000183586 3

**ARTICLES OF ORGANIZATION
OF
SPACE COAST SMILES, LLC**

Pursuant to Section 605.0201 of the Florida Revised Limited Liability Company Act, Florida Statutes, as amended from time to time (the "Act"), the following are adopted as the Articles of Organization of the limited liability company organized hereby:

**ARTICLE I
NAME**

The name of the limited liability company is Space Coast Smiles, LLC (the "Company").

**ARTICLE II
EFFECTIVE DATE AND DURATION**

The effective date upon which this Company shall come into existence shall be the date these Articles of Organization are filed. Unless earlier terminated pursuant to the Act or the Operating Agreement (as defined in § 605.0105 of the Act) of the Company, the period of its duration shall be perpetual.

**ARTICLE III
ADDRESS**

The mailing and street address of the principal office of the Company shall be 7165 Pena Lane, Melbourne, Florida 32940.

**ARTICLE IV
REGISTERED AGENT AND OFFICE**

The initial registered office of the Company shall be 7165 Pena Lane, Melbourne, Florida 32940, and its initial registered agent at such office shall be Kristina Marie Galligan, D.M.D.

**ARTICLE V
MANAGEMENT OF THE COMPANY**

The Company will be managed by one or more managers in accordance with and subject to the requirements of the Act and Operating Agreement of the Company. The name and street address of the sole manager of this Company is:

<u>Name</u>	<u>Address</u>
Kristina Marie Galligan, D.M.D.	7165 Pena Lane Melbourne, Florida 32940

H18000183586 3

FILED
18 JUN 20 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H18000183586 3

**ARTICLE VI
OFFICERS OF THE COMPANY**

The Officers of the Company are as follows:

Office

Name

President & Secretary

Kristina Marie Galligan, D.M.D.

IN WITNESS WHEREOF, the undersigned President of the Company has executed these Articles of Organization on behalf of the Company in accordance with § 605.0201 of the Act.

Dated this 12 day of June, 2018.

By: Kristina Marie Galligan
Kristina Marie Galligan, D.M.D. President

FILED
18 JUN 20 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H18000183586 3

**CERTIFICATE DESIGNATING REGISTERED OFFICE
AND
REGISTERED AGENT FOR THE SERVICE OF PROCESS
WITHIN FLORIDA**

In compliance with Chapter 605, Florida Statutes, as amended from time to time (the "Act"), the following is submitted:

Space Coast Smiles, LLC, desiring to organize or qualify under the laws of the State of Florida as a limited liability company pursuant to the Act, hereby designates Kristina Marie Galligan, D.M.D. as its registered agent to accept service of process within the State of Florida and the address of its registered office shall be 7165 Pena Lane, Melbourne, Florida 32940.

Dated this 12 day of June, 2018.

By: Kristina Marie Galligan
Kristina Marie Galligan, D.M.D., President

Having been named as registered agent to accept service of process for the above stated limited liability company, at the place designated in this certificate, I hereby agree to 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.

Dated this 12 day of June, 2018.

Kristina Marie Galligan
Kristina Marie Galligan, D.M.D., Registered Agent

FILED
18 JUN 20 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA