

L180000163832

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

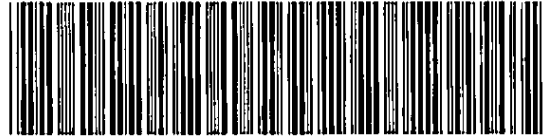
(Document Number)

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Special Instructions to Filing Officer:

Office Use Only

W180000163832



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05/25/18--01016--006 \*\*78.75

06/26/18--01017--006 \*\*125.00

FILED  
2018 JUN 25 AM 7:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 09 2019

T. SCOTT



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 30, 2018

CASSANDRA DORSEY, DMD  
758 MANDALAY GROVE CT  
MERRITT ISLAND, FL 32953

SUBJECT: ESSENTIAL DENTISTRY, LLC DBA CASSANDRA DORSEY, DMD  
Ref. Number: W18000051055

We have received your document for ESSENTIAL DENTISTRY, LLC DBA CASSANDRA DORSEY, DMD and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete correct application and balance due is \$46.25.,

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 818A00011228

RECEIVED

2018 JUN 25 PM 3:26

REGISTRATION  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Cassandra Dorsey, DMD LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cassandra Dorsey, DMD  
Name of Person

Firm/Company

758 Mandalay Grove Ct  
Address

Merritt Island FL 32953  
City/State and Zip Code

cdorseydmd@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cassandra Dorsey at (352) 812 0738  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Cassandra Dorsey, DMD 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:

758 Mandalay Grove Ct } same  
Merritt Island FL }  
32953

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:

Cassandra Dorsey  
Name

758 Mandalay Grove Ct

Florida street address (P.O. Box **NOT** acceptable)

Merritt Island FL 32953  
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.,

Cassandra Dorsey

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2018 JUN 25 AM 7:46  
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TALLAHASSEE, FLORIDA

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

\_\_\_\_\_

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

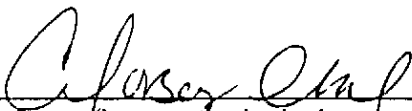
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.

\_\_\_\_\_  
CASSANDRA DORSEY DMD

Typed or printed name of signee

**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)