

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.

(((H18000300118 3)))



H180003001183ABCvV

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 : FASTKIT CORP  
Account Number : I20100000009  
Phone : (305) 599-0839  
Fax Number : (305) 592-9591

\*\*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.  
DENTAL SOLUTIONS OF SOUTH MIAMI, LLC

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

FILED  
2018 OCT 17 AM 4:46  
SECRETARY OF STATE  
TALLAHASSEE, FL

Electronic Filing Menu

Corporate Filing Menu

Help



October 17, 2013

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

FASTKIT CORP

SUBJECT: DENTAL SOLUTIONS OF SOUTH MIAMI FLORIDA LLC  
REF: W18000089995

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

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

DANIEL L O'KEEFE  
Regulatory Specialist II

FAX Aud. #: H18000300113  
Letter Number: 018A00021162

ARTICLES OF ORGANIZATION

OF

DENTAL SOLUTIONS OF SOUTH MIAMI, LLC

ARTICLE I

The name of the limited liability company formed hereby is DENTAL SOLUTIONS OF SOUTH MIAMI, LLC

ARTICLE II

The duration of the Limited Liability Company shall be perpetual.

ARTICLE III

The principal office and mailing address of the Limited Liability Company shall be as follows:

1400 SW 126 Place  
Miami FL ,33184

ARTICLE IV

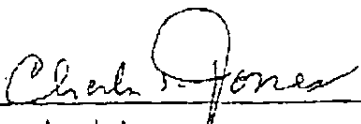
The registered Agent of the Limited Liability Company and his street address in the state of Florida are as follows:

Charles L Jones, Accountant  
7875 SW 104 Street  
Suite 202-E  
Miami Florida 33156

**FILED**  
2018 OCT 17 AM 4:46  
SECRETARY OF STATE  
TALLAHASSEE, FL

ARTICLE V

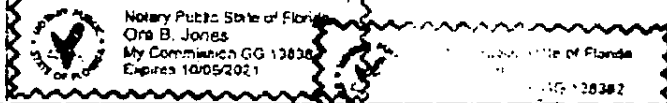
The Limited Liability Company shall be managed by Ana M Robles Carrasquero, as Managing Member.

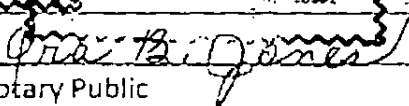
  
\_\_\_\_\_  
Charles L Jones,  
as Authorized Representative of the Member

STATE OF FLORIDA                    }  
   }  
COUNTY OF MIAMI DADE        }

Before me personally appeared Charles L Jones as Authorized Representatives of the Members who is personally known to me to be the person who executed the forgoing Articles of Organization.

In witness whereof I have hereunto set my hand the official seal this 10 day of October, 2018.



  
\_\_\_\_\_  
Notary Public  
Print Name Ora B. Jones  
My Commissions Expires 10/06/2021

Dental Solutions of South Miami Florida

The following officers Board Directors of Dental Solutions of South Miami, LLC shall be:

President: Ana M Robles Carrasquero  
1400 SW 126 Place  
Miami FL 33184

Vice President: Ana M Robles Carrasquero  
1400 SW 126 Place  
Miami FL 33184

Secretary: M Robles Carrasquero  
1400 SW 126 Place  
Miami FL 33184

Treasury: Ana M Robles Carrasquero  
1400 SW 126 Place  
Miami FL 33184

Oct 17 18:04:10p

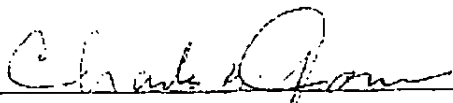
Jones

3056670709

p.2

**DENTAL SOLUTIONS OF SOUTH MIAMI, LLC**

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.

A handwritten signature in cursive script, appearing to read "Charles A. Jones", is written over a horizontal line.

Registered Agent Signature