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**FLORIDA LIMITED LIABILITY CO.
R. A. Demick, DDS, PLLC**

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Corporate Filing Menu

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COVER LETTER

December 4, 2018

To: New Filing Section
Division of Corporation

**Subject: R. A. Demick, DDS, PLLC
Name of Professional 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:

**Kalpesh J. Patel, Esq.
FL Patel Law PLLC
360 Central Avenue
8th Floor
St. Petersburg, Florida 33701
Fax: 727-888-1294**

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For further information concerning this matter, please call or e-mail:

Kalpesh Patel at 727-279-5037 or e-mail at contact@flpatellaw.com

Enclosed is our fax filing coversheet for \$130.00 for Filing Fee & Certificate of Status

FL Patel Law PLLC

Articles Of Organization
For
R. A. Demick, DDS, PLLC
A
Florida Professional Limited Liability Company

ARTICLE I

Name

The name of the Professional Limited Liability Company is: R. A. Demick, DDS, PLLC (the Company).

ARTICLE II

Address

The mailing address and street address of the principal office of the Company is 3605 High Pine Drive, Coral Springs, Florida 33065.

ARTICLE III

Registered Agent, Registered office, & Registered Agent's Signature:

The name and the Florida Street Address of the Registered Agent are:

Robert Demick
 3605 High Pine Drive
 Coral Springs, Florida 33065

18 DEC - 5 AM 10:17
 OF ORGANIZATION STATE
 OF FLORIDA
 18506176381

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..

Robert Demick (sign)

(CONTINUED)

ARTICLE IV:

Areas of Practice

The area of professional service of the Company is limited to the practice of dentistry.

ARTICLE V:

Management

The Name and Address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>	<u>Name and Address</u>
AMBR = Authorized Member MGR = Manager	
<u>AMBR</u>	<u>Robert Demick</u> 3605 High Pine Drive Coral Springs, Florida 33065

ARTICLE VI:

The Effective date shall be the date of filing.

Robert Demick (sign)

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.

Robert Demick
Authorized Representative/Member

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FLORIDA