

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.

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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 : LEGALZOOM.COM INC.

Account Number : 120010000062 : (323)962-8600 Phone

Fax Number : (323) 962-3889

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

Email Address:

FLORIDA LIMITED LIABILITY CO. 3D Dental Lab LLC

Certificate of Status	0
Certified Copy	1
l'age Count	05
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help

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1/25/2019



1	COVER LETTER
	sistration Section ision of Corporations
SUBJECT:	3D Dental Lab LLC Name of Limited Liability Company
The enclosed	d Articles of Organization and fee(s) are submitted for filing.
Please return	nall correspondence concerning this matter to the following:
•	Cheyenne Moseley, Legalzoom.com. Inc.
-	Name of Person
	Legalzoom.com, Inc.
-	Fiem/Company
	101 N. Brand Blvd., 10th Floor
	Address
_	Glendale, CA 91203
	City/State and Zip Code
. 0	E-mail address: (to be used for future annual report notification)
For furth er in:	formation concerning this matter, please call:
(Cheyenne Moseley 323 962-8600 ext. 7625
_	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
S125.00 Fil	S130.00 Filing Fee & Certificate of Status Certificate of Status (additional copy is enclosed) Certificate of Status & Certificate 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, Ft. 32301

From: ANGHAEL MCCLURE Fex: 19946397098

Fax: (121) 962-4521

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01/23/2919 7:38 AM

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

3D Dental Lab LLC

(Must end with 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:

<u>Principal</u>	Опісе	Addre	15

Mailing Address:

1409 Kingsley Avc. STE 7B

Orange Park, FL 32073

ARTICLE III - Registered Ageni, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot surve 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:

Michael McClure

Name

1409 Kingsley Ave. STE 7B

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

Orange Park

Florida

32073

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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Title:	Name and Address:
AMBR = Authorized Member	
"MGR" = Manager	AND I I I I I I I I I I I I I I I I I I I
MGR	Michael and Patty McClure as Tenancy by the Entirety
	1409 Kingsley Ave. STE 7B
	Orange Park, FL 32073
MGR	Michael McClure
	1409 Kingsley Ave. STE 7B
	Orange Park, FL 32073
AMBR	Michael and Patty McClure as Tenancy by the Entirety
	1409 Kingsley Ave. STE 7B
	Orange Park, FL 32073
41	
(Use attachment if necessary)	
CLE V: Effective date, if other than the date of filing:	:(OPTIONAL)
effective date is listed, the date must be specific an- te of filing.)	d cannot be more than five business days prior to or 90 days after
If the date inserted in this block does not meet the a cument's effective date on the Department of State'	applicable statutory filing requirements, this date will not be listed a srecords.
CLE VI: Other provisions, if any.	

Signature of a member of 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.

Cheyenne Moseley, Legalzoom.com, Inc.
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)

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