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(Requestor's Name)

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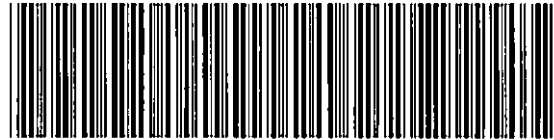
(Business Entity Name)

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

F.A.N. B. DENTAL, LLC

- ___ Art of Inc. File _____
- ___ LTD Partnership File _____
- ___ Foreign Corp. File _____
- ___ L.C. File _____
- ___ Fictitious Name File _____
- ___ Trade/Service Mark _____
- ___ Merger File _____
- ___ Art. of Amend. File _____
- ___ RA Resignation _____
- ___ Dissolution / Withdrawal _____
- ___ Annual Report / Reinstatement _____
- ___ Cert. Copy _____
- ___ Photo Copy _____
- ___ Certificate of Good Standing _____
- ___ Certificate of Status _____
- ___ Certificate of Fictitious Name _____
- ___ Corp Record Search _____
- ___ Officer Search _____
- ___ Fictitious Search _____
- ___ Fictitious Owner Search _____
- ___ Vehicle Search _____
- ___ Driving Record _____
- ___ UCC 1 or 3 File _____
- ___ UCC 11 Search _____
- ___ UCC 11 Retrieval _____
- ___ Courier _____

Signature _____

Requested by: Seth

01/30/19

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

ARTICLES OF ORGANIZATION
FOR
F.A.N.B. DENTAL, PLLC

2019 JAN 30 PM 3: 29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

The undersigned, for the purpose of forming a company under the Florida Limited Liability Act, hereby adopts the following Articles of Organization.

ARTICLE I: NAME & PURPOSE

The name of the company is F.A.N.B. DENTAL, PLLC

The purpose of this Professional Limited Liability Company, is to provide oral health care and dental services to patients.

ARTICLE II: PRINCIPAL OFFICE

The principal office of the company is 3000 OASIS GRAND BLVD, APT 501 FORT MYERS, FLORIDA 33916

ARTICLE III: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

DOUGLAS REGISTERED AGENTS, LLC

2600 S. DOUGLAS RD, SUITE 510, CORAL GABLES FL 33134

ARTICLE IV: AUTHORIZED MEMBER

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

FERNANDO A. NEIRA, AMER, 3000 OASIS GRAND BLVD, APT 501 FORT MYERS, FLORIDA 33916

The undersigned has executed these Articles of Organization for filing purposes this 28th day of January 2019.

"FERNANDO A. NEIRA"

A handwritten signature in black ink, appearing to read 'F. Neira', written over a horizontal line.

Authorized Representative

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

1. The name of the company is: F.A.N.B. DENTAL, PLLC

2. The name and address of the registered agent and office is:

DOUGLAS REGISTERED AGENTS, LLC
2600 S. DOUGLAS RD, SUITE 510, CORAL GABLES FL 33134

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.



Amanda Castellon Representative of DOUGLAS REGISTERED AGENTS, LLC

Signature of Registered Agent