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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855) 498-5500
Fax Number : (800) 432-3622

****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.
COMPLETE DENTAL ALLIANCE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

***PLEASE PROVIDE
THE ORIGINAL
SUBMISSION DATE
OF 7/18/19***

2019 JUL 19 AM 11:13

2019 JUL 18 AM 11:13

19 JUL 18 AM 11:13

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Corporate Filing Menu

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COVER LETTER

TO: New Filing Section
Division of CorporationsSUBJECT: Complete Dental Alliance, 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:

Lisa Murphy, Paralegal

Name of Person

Dykema Gossett PLLC

Firm/Company

112 E. Pecan Street, Suite 1800

Address

San Antonio, Texas 78205

City/State and Zip Code

greg.pette@gmail.com

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

For further information concerning this matter, please call:

Lisa Murphy

210

554-5317

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 6127
Tallahassee, FL 32314

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Complete Dental Alliance, 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:**14575 Tamiami Trail, Unit A
North Port, FL 3428714575 Tamiami Trail, Unit A
North Port, FL 34287**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:

Gregory A. Pettit

Name

14575 Tamiami Trail, Unit AFlorida street address (P.O. Box NOT acceptable)North PortFlorida34287

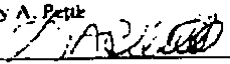
City

State

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company on 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.

Gregory A. Pettit

By:  7/16/19

Registered Agent's Signature (REQUIRED)

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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

AMGR**Name and Address:**Tyler M. Blackenburg14575 Tamiami Trail, Unit ANorth Port, FL 34287AMGRGregory A. Pette14575 Tamiami Trail, Unit ANorth Port, FL 34287

(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:**

7/18/19

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.

Gregory A. Pette

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)

FILED

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