

**L19000178619**

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.**

((H19000220374 3)))



H190002203743ABC

**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 : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

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

Email Address: \_\_\_\_\_

2019 JUL 22 AM 10:40  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

**FLORIDA LIMITED LIABILITY CO.  
RIOS DENTAL DDS, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

2019 JUL 22 PM 10:03

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

N CULLIC

JUL 23 2019

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

RIOS DENTAL DDS, LLC

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

## Principal Office Address:

9640 SW 155<sup>TH</sup> AVE

MIAMI, FL 33196

## Mailing Address:

9640 SW 155<sup>TH</sup> AVE

MIAMI, FL 33196

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

LIBIA R RIOS

Name

9640 SW 155<sup>TH</sup> AVEFlorida street address (P.O. Box NOT acceptable)

MIAMI

FL

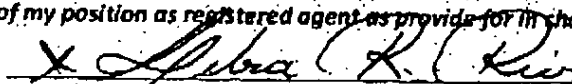
33196

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 in Chapter 605, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE  
TALLAHASSEE, FL

2019 JUL 22 AM 10:40

FILED

**ARTICLE IV -**

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

LIBIA R RIOS  
9640 SW 155<sup>TH</sup> AVE  
MIAMI, FL 33193

(Use attachment if necessary)

**ARTICLE VI: Other provisions, if any**

REQUIRED SIGNATURE:



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.

2019 JUL 22 AM 10:40  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED