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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

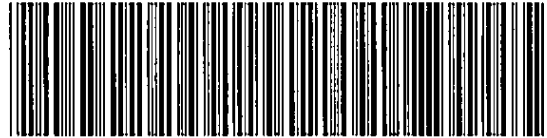
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

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N CULLIGAN

AUG 27, 2019

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± Member of the Pennsylvania Bar only

Sender's E-mail: April@RMontgomery-Law.com

August 22, 2019

Via First Class Mail

New Filing Section

Florida Division of Corporations

PO Box 6327

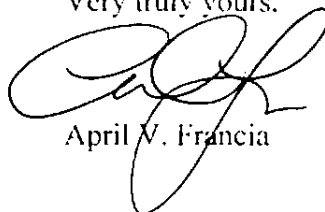
Tallahassee, FL 32314

**Re: Articles of Organization – Pan Dental Services, PLLC
Reference Number W19000075092**

Dear Sir or Madam:

Please find enclosed for filing the Articles of Organization for "Pan Dental Services, PLLC", as well as the rejection notice we received from your office on August 14, 2019. Upon filing, kindly send a letter of acknowledgement and/or file-stamped copy of the enclosed in the self-addressed stamped envelope. Should you have any questions regarding this request, please feel free to contact me by phone or email. Thank you.

Very truly yours,



April V. Francia



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 14, 2019

ROBERT H. MONTGOMERY, II, ESQUIRE, P.C.
230 SOUTH BROAD STREET
SUITE 305
PHILADELPHIA, PA 19102

SUBJECT: PAN DENTAL, PLLC
Ref. Number: W19000075092

We have received your document for PAN DENTAL, PLLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist II

Letter Number: 519A00016734

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PAN DENTAL SERVICES, PLLC

(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:

10881 STRADA LANE, APT 305
TRINITY, FL 34655

Mailing Address:

10881 STRADA LANE, APT 305
TRINITY, FL 34655

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:

RICKY PAN, DMD

Name

10881 STRADA LANE, APT 305

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

TRINITY

FL


34655

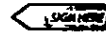
City

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)

SECRETARY OF STATE
TALLAHASSEE, FL

2018 AUG 26 PM 4: 52

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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

AMBR

Name and Address:

RICKY PAN, DMD

10881 STRADA LANE, APT 305

TRINITY, FL 34655

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TALLAHASSEE, FL

(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.

The purpose of this professional limited liability company is to provide dentistry services.

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.

RICKY PAN, DMD

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

S 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)