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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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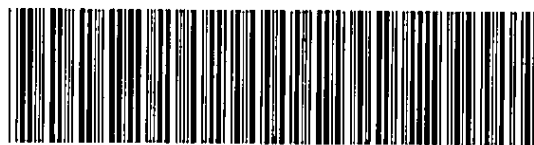
(Business Entity Name)

(Document Number)

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STATE BAR OF  
DIVISION OF CORPORATION  
19 AUG 27 AM 11:29  
TALLAHASSEE, FLORIDA

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SEP 05 2019

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\* Also Member of Arizona, Minnesota, New York, Ohio, Texas, Virginia, Washington & Oregon Bars

Δ Also Member of Georgia Bar

† Also Member of District of Columbia Bar

± Member of Colorado, Connecticut, Florida, Massachusetts & North Carolina Bars, only

± 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

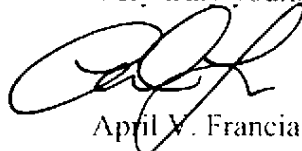
Tallahassee, FL 32314

**Re: Articles of Organization – Pan Dental Estates, LLC**

Dear Sir or Madam:

Please find enclosed for filing the Articles of Organization for "Pan Dental Estates, LLC", as well as the applicable filing fee of \$125.00 made payable to the "Florida Department of State." 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

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** PAN DENTAL ESTATES, 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:

April V. Francia  
Name of Person  
Robert H. Montgomery, III, Esq., P.C.  
Firm/Company  
230 S. Broad Street, Suite 305  
Address  
Philadelphia, PA 19102  
City/State and Zip Code  
April@RMontgomery-Law.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

April Francia at (215) 731-1404  
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 6327  
Tallahassee, FL 32314

**Street Address**

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

**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

(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 limited liability company is to hold real estate.

**REQUIRED SIGNATURE:**



SIGN HERE

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

RECEIVED  
DIVISION OF CORPORATION  
19 AUG 27 AM 11:29  
TALLAHASSEE, FLORIDA