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.

(((H190002670473)))



H190002670473ABC3

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 : HAILE, SHAW & PFAFFENBERGER, P.A.

Account Number : 076326003550 Fhone : (561)627-8100 Fax Number : (561)622-7603

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

Email Address: pdisalvo@d-acpa.com

# FLORIDA LIMITED LIABILITY CO. ESTES FLORIDA DENTAL, PLLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

FAN: H19000267047 3

# ARTICLES OF ORGANIZATION OF ESTES FLORIDA DENTAL, PLLC

The undersigned authorized representative of a member, for the purpose of forming a professional limited liability company under the Florida Revised Limited Liability Act, Florida Statutes Chapters 605 and 621 (the "Act"), hereby makes, acknowledges and files the following Articles of Organization:

### ARTICLE I - NAME

The name of the professional limited liability company is ESTES FLORIDA DENTAL, PLLC (the "Company").

#### ARTICLE II - ADDRESS

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

463859 State Road 200 Yulee, FL 32097

## ARTICLE III - OTHER PROVISIONS

The purpose for which the Company is organized is to engage in the practice of dentistry as a professional limited liability company and to provide services incidental thereto, carried out only by employees, officers and agents who are licensed in Florida to render dental services.

### ARTICLE IV - REGISTERED AGENT

The name and Florida street address of the registered agent are:

DFS Agent LLC 1760 N. Jog Road, Ste. 150 West Palm Beach, FL 33411

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.

DFS AGENTILC

Panick DiSalvo

FAN: H19000267047 3

FAN: H19000267047 3

# ARTICLE V -- MANAGEMENT

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

Title	Name and Address
MGR	Bold City Dentistry P.A. 463859 State Road 200 Yulce, FL 32097

Dated: September 5, 2019

## REQUIRED SIGNATURE

Philip M. DiComo, Authorized Representative

(In accordance with Section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penaltics of perjury that the facts stated herein are true. 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.)

FAN: H19000267047 3