

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

**L19000234218  
FILED 8:00 AM  
September 17, 2019  
Sec. Of State  
vherring**

**Article I**

The name of the Limited Liability Company is:

NORTH CENTRAL FLORIDA ENDODONTICS PLLC

**Article II**

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

48 SE 16TH AVE  
OCALA, FL. 34471

The mailing address of the Limited Liability Company is:

3736 NW 129TH DR  
GAINESVILLE, FL. 32606

**Article III**

Other provisions, if any:

PURPOSE: DENTAL PRACTICE

**Article IV**

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

MARIANELLA NATERA  
3736 NW 129TH DR  
GAINESVILLE,, FL. 32606

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.

Registered Agent Signature: MARIANELLA NATERA

### **Article V**

The name and address of person(s) authorized to manage LLC:

Title: MGR  
MARIANELLA NATERA  
3736 NW 129TH DR  
GAINESVILLE, FL. 32606

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### **Article VI**

The effective date for this Limited Liability Company shall be:

09/13/2019

Signature of member or an authorized representative

Electronic Signature: MARIANELLA NATERA

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.