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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.

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : AGENTS AND CORPORATIONS, IN

Account Number : 120010000112

Phone : (302)575-0875

Fax Number

: (302)575-1642

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

Email	Address:				

FLORIDA LIMITED LIABILITY CO. TYLER DOLPHIN, DDS LLC

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



F. BURCH

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AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Lunned Liability Company is:

TYLER DOLPHIN, DDS LLC

(Must end with the words "Limited Liability Contpany,"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:

1300 S. Miami Ave Apt 2511

Miami, FL 33130

Mailing Address:

1300 S. Miami Ave Apt 2511

Minmi, FL 33130

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:

AGENTS AND CORPORATIONS, INC.

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300 FIFTH AVENUE SOUTH SUITE 101-330

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

NAPLES

FL

34102

Ci

Zψ

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, Thereby accept the appointment as registered agent and agree to act in this capacity. If urther 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..

Agents and Corporations, Inc.

Registered Agent's Signature (Required)

John L. Williams, President

(CONTINUED)

Page 1 of 2

ARTICLE IV-

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

Tale:

"AMBR" = Authorized Member "MGR" = Manager

Name and Address:

MGR

TYLER DOLPHIN

1300 S. Miami Ave Apt 2511

Miami, FL 33130

(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE: Tyler Dolphin

Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties 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 follows as provided for in s.817.155, F.S.)

TYLER DOLPHIN
Typed or printed name of signec

Filing Fees:

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

\$ 30.00 Centified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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