

L20000011627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

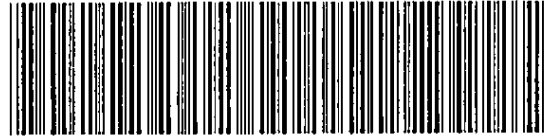
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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20 JAN 16 PM 3:21

2020 JAN 16 PM 12:36  
SECRETARY OF STATE  
TALLAHASSEE, FL

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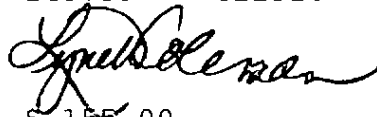
RECEIVED  
JAN 17 2020

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I200000000195

REFERENCE : 143759 7411320

AUTHORIZATION :



COST LIMIT : \$ 155.00

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ORDER DATE : January 16, 2020

ORDER TIME : 2:27 PM

ORDER NO. : 143759-005

CUSTOMER NO: 7411320  
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DOMESTIC FILING

NAME: PORTER AND HARRIS ORTHODONTICS  
, PLLC

EFFECTIVE DATE:

\_\_\_\_\_ ARTICLES OF INCORPORATION  
\_\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP  
XX\_\_\_\_\_ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX\_\_\_\_\_ CERTIFIED COPY  
\_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson - EXT.

EXAMINER'S INITIALS: \_\_\_\_\_

**COVER LETTER**

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

**SUBJECT:** Porter and Harris Orthodontics, PLLC  
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:

Bradford W. Porter, D.D.S.

Name of Person

Bradford W. Porter, D.D.S., P.A.

Firm/Company

1097 Douglas Ave.

Address

Altamonte Springs, FL 32714

City/State and Zip Code

drbrad@porterorthodontics.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Blake W. Hassan, CPA, JD

704

424-5450

at ( )

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2020 JAN 16 PM 12:36

ARTICLE I - Name:

The name of the Limited Liability Company is:

Porter and Harris Orthodontics, PLLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

SECRETARY OF STATE  
TALLAHASSEE, FL

ARTICLE II - Address:

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

Principal Office Address:

1097 Douglas Ave.

Altamonte Springs, FL 32714

Mailing Address:

1097 Douglas Ave.

Altamonte Springs, FL 32714

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:

Bradford W. Porter, D.D.S.

Name

1097 Douglas Ave.

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

Altamonte Springs

FL

32714

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..*

Bradford W. Porter, D.D.S.  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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:**

Bradford W. Porter, D.D.S., P.A.

1097 Douglas Ave.

Altamonte Springs, FL 32714

AMBR

Allison C. Harris, D.M.D., P.A.

1097 Douglas Ave.

Altamonte Springs, FL 32714

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.

Professional Dental Practice

**REQUIRED SIGNATURE:**

*Bradford W. Porter, D.D.S.*

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.

Bradford W. Porter, D.D.S., President of Corporate Member

Typed or printed name of signer

**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)

SECRETARY OF STATE  
TALLAHASSEE, FL

2020 JAN 16 PM12:37

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