

L20000025635

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

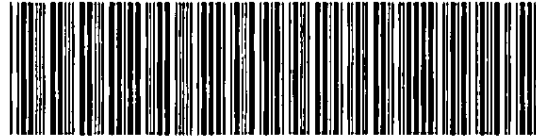
(Business Entity Name)

(Document Number)

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

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DEC 16 2019

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
19 DEC 16 PM 2:04

**COVER LETTER**

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

**SUBJECT:** MBCO DENTAL, 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:

APRIL FRANCA, ESQUIRE

Name of Person

ROBERT H. MONTGOMERY, III, ESQ., PC

Firm/Company

230 SOUTH 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 FRANCA, ESQ.

215

731-1404

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



**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

AMBR

**Name and Address:**

MANFRED BUECHELE

1912 PARK LAKE STREET

ORLANDO, FL 32803

CHRISTIAN ORTIZ

1337 SHINNECOCK HILLS DRIVE

CHAMPIONS GATE, FL 33896

(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 professional limited liability company is to provide dentistry services.

**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.

MANFRED BUECHELE

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)

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