

L20000071826

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.

((H20000077655 3))



H200000776553ABC%

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 : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800)221-2972
Fax Number : (718)889-7420

****Enter the email 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.
ESTRELLA DENTAL SERVICES LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

MAR 10 2020

T. SCOTT

2020 MAR -9 AM 9:57

2020 MAR -9 PM 2:54

RECEIVED

TX Result Report

P 1
03/09/2020 09:57
Serial No. AA6TD11003486
TC: 40829

Addressee	Start Time	Time	Prints	Result	Note
8586176381	03-09 09:57	00:00:41	003/003	OK	

Note TMR:Timer TX, POL:Polling, ORG:Original Size Setting, FME:Frame Error TX,
PSP:Page Separation TX, MIX:Mix of Original TX, CALL:Manual TX, CSAC:CSAC
FWD:Forward, B:IR-FAX, BND:Double-Sided Binding Direction, S:Special, O:Original,
CODE:F-code, R:IR-FAX, RLV:Relay, MFC:Confidential, BUL:Bulletin, SIP:SIP Fax,
IPAX:IP Address Fax, I-FAX:Internet Fax

Result OK: Communication OK, S-OK: Stop Communication, PS-OFF: Power Switch OFF,
TEL: RX from TEL, NG: Other Error, CONT: Continue, No Ans: No Answer
Refus: Receipt Refused, Busy: Busy, H-Full:Memory Full, LOVR:Receiving length over,
PWR:Receiving page over, FLL:File Error, DC:Decode Error, MNR:NRN Response Error,
PSN:PSN Response Error, PRINT:Compulsory Memory Document Print,
DEL:Compulsory Memory Document Delete, SEND:Compulsory Memory Document Send.

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2nd Request

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ESTRELLA DENTAL SERVICES LLC

(Must contain the words "Limited Liability Company," "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:

1850 HOMEWOOD BLVD. APT. #309
DEL RAY BEACH, FL 33445-6918-

Mailing Address:

1850 HOMEWOOD BLVD. APT. #309
DEL RAY BEACH, FL 33445-6918-

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:

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.

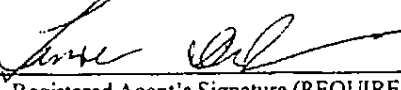
Name

155 Office Plaza Drive, 1st Fl.

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

<u>TALLAHASSEE</u>	<u>FL</u>	<u>32301</u>
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.



Registered Agent's Signature (REQUIRED)

Asst. Secretary, Lauren DePass

(CONTINUED)

2020 MAR -9 AM 9:57

ARTICLE IV-

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

Title:**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

ANGELA Y ESTRELLA
1619 PARKER STREET, 2ND FLOOR
BRONX, NY 10462

(Use attachment if necessary)

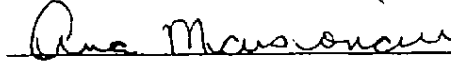
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

REQUIRED SIGNATURE:



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.

Ana Maisonave

Typed or printed name of signee

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)