

L20000072169

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.

((H20000077645 3))



H200000776453ABC+

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 : REZLEGAL, LLC
Account Number : I20140000033
Phone : (904)685-9321
Fax Number : (904)567-1066

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

Email Address: rezlegal@rezlegal.com

FLORIDA LIMITED LIABILITY CO.
Community Dental, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

K PAGE
MAR 10 2020

RECEIVED
2020 MAR -9 AM 10:04
SECRETARY OF STATE
TALLAHASSEE FL
2020 MAR -9 PM 1:27
FILED

Pa 3
2020 MAR -9 PM 1:27
SECRETARY OF STATE
TALLAHASSEE, FL
H20000077645 3

FILED

DocuSign Envelope ID: 52F42413-A804-4010-A982-F1B8E405506F

ARTICLES OF ORGANIZATION
OF
COMMUNITY DENTAL, LLC

Pursuant to § 605.0201 of the Florida Revised Limited Liability Company Act, Florida Statutes, as amended from time to time (the "Act"), the following are adopted as the Articles of Organization of the limited liability company organized hereby:

ARTICLE I
NAME

The name of the limited liability company is Community Dental, LLC (the "Company").

ARTICLE II
EFFECTIVE DATE AND DURATION

The effective date upon which the Company shall come into existence shall be the date these Articles of Organization are filed with the Secretary of State. Unless earlier terminated pursuant to the Act or the Operating Agreement (as defined in § 605.0105 of the Act) of the Company, the period of its duration shall be perpetual.

ARTICLE III
ADDRESS

The mailing and street address of the principal office of the Company shall be 35 Executive Way, Suite 100, Ponte Vedra Beach, Florida 32082.

ARTICLE IV
REGISTERED AGENT AND OFFICE

The initial registered office of the Company shall be 35 Executive Way, Suite 100, Ponte Vedra Beach, Florida 32082 and its initial registered agent at such office shall be Kane Sears, DMD.

ARTICLE V
MANAGEMENT OF THE COMPANY

The Company will be managed by its members in accordance with and subject to the requirements of the Act and Operating Agreement of the Company. The name and street address of the members of the Company are:

<u>Name</u>	<u>Address</u>
Kane Sears, DMD	35 Executive Way, Suite 100 Ponte Vedra Beach, Florida 32082
J. William Bolton III, DDS	200 Solana Road, Suite A Ponte Vedra Beach, Florida 32082

DocuSign Envelope ID: 52F42413-A804-4010-A9B2-F1B8E406586F

H20000077645 3

**ARTICLE VI
OFFICERS OF THE COMPANY**

The Officers of the Company are as follows:

<u>Office</u>	<u>Name</u>
President	Kane Sears, DMD
Vice President	J. William Bolton III, DDS

IN WITNESS WHEREOF, the undersigned Authorized Representative of the Company has executed these Articles of Organization on behalf of the Company in accordance with § 605.0201 of the Act.

Dated this 5 day of March, 2020.

DocuSigned by:
 By Kane Sears
 Kane Sears, DMD, President

H20000077645 3

DocuSign Envelope ID: 62F42413-A604-4010-A9B2-F188E105586F

H20000077645 3

**CERTIFICATE DESIGNATING REGISTERED OFFICE
AND
REGISTERED AGENT FOR THE SERVICE OF PROCESS
WITHIN FLORIDA**

In compliance with Chapter 605 of the Florida Revised Limited Liability Company Act, Florida Statutes, as amended from time to time (the "Act"), the following is submitted:

Community Dental, LLC, desiring to organize or qualify under the laws of the State of Florida as a limited liability company pursuant to the Act, hereby designates Kane Sears, DMD as its registered agent to accept service of process within the State of Florida, and the address of its registered office shall be 35 Executive Way, Suite 100, Ponte Vedra Beach, Florida 32082.

Dated this 5 day of March, 2020.

DocuSigned by:
By: Kane Sears
Kane Sears, DMD, President

Having been named as registered agent to accept service of process for the above stated limited liability company, at the place designated in the certificate, I hereby agree to 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.

Dated this 5 day of March, 2020.

DocuSigned by:
By: Kane Sears
Kane Sears, DMD, Registered Agent

FILED
2020 MAR -9 PM 1:27
SECRETARY OF STATE
TALLAHASSEE, FL

H20000077645 3