

Division of Corporations

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**6201900141395**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (855)498-5500  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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**FLORIDA LIMITED LIABILITY CO.  
MADELEINE CASTELLANOS DMD, PLLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
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May 28, 2020

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CAPITOL SERVICES, INC.

SUBJECT: MADELEINE CASTELLANOS DMD, PLLC  
REF: W20000052124

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please state purpose of pllc in articles,

If you have any further questions concerning your document, please call (850) 245-6052.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

FAX Aud. #: H20000158444  
Letter Number: 920A00010601

**COVER LETTER****TO: New Filing Section  
Division of Corporations****SUBJECT:** Madeleine Castellanos DMD, 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:

Aldo M. Leiva, Esq.

Name of Person

Baker, Donelson, Bearman, Caldwell &amp; Berkowitz, PC

Firm/Company

100 SE Third Ave., Ste. 1620

Address

Fort Lauderdale, FL 33394

City/State and Zip Code

aleiva@bakerdonelson.com

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

For further information concerning this matter, please call:

Aldo Leiva 954 768-1622  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Madeleine Castellanos DMD, PLLC

(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:****Mailing Address:**2140 W 68th Street Suite 202  
Hialeah, Florida 33016**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:

Capitol Corporate Services, Inc.

Name

515 E. Park Ave., Floor 2Florida street address (P.O. Box **NOT** acceptable)TallahasseeFlorida32301

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..*

Kim TadlockKim Tadlock, Asst. Sec. on behalf  
of Capitol Corporate Services, Inc.

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

**Name and Address:**

MGR \_\_\_\_\_

\_\_\_\_\_  
 Madeleine Castellanos  
 2140 W 68th Street Suite 202  
 Hialeah, Florida 33016  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: May 28, 2020 (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.Provision of Dental Care  
 \_\_\_\_\_  
 \_\_\_\_\_**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.

Aldo M. Leiva

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)

2020 JUN -1 AM 9:05

FILED