

L20000171803

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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06/25/20--01008--019 \*\*125.00

2020 JUN 25 AM 9:01  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

2020 JUN 25 PM 1:53

N. CULLIGAN  
JUL 2 1 2020

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Dental Solutions LLC

Signature

Requested by: SETH

06/25/20

Name

Date

Time

Walk-In

Will Pick Up

Art of Inc. File

LTD Partnership File

Foreign Corp. File

L.C. File

Fictitious Name File

Trade/Service Mark

Merger File

Art. of Amend. File

RA Resignation

Dissolution / Withdrawal

Annual Report / Reinstatement

Cert. Copy

Photo Copy

Certificate of Good Standing

Certificate of Status

Certificate of Fictitious Name

Corp Record Search

Officer Search

Fictitious Search

Fictitious Owner Search

Vehicle Search

Driving Record

UCC 1 or 3 File

UCC 11 Search

UCC 11 Retrieval

Courier

**COVER LETTER**

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

**SUBJECT:** DELGADO DENTAL SOLUTIONS LLC  
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:

DIEGO E CORDOVA  
Name of Person

DE CORDOVA & CO ACCOUNTANTS AND BUSINESS CONSULTANTS  
Firm/Company

7300 NORTH KENDALL DRIVE, SUITE 201  
Address

MIAMI, FL 33156  
City/State and Zip Code

DIEGO@DECCPA.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DIEGO CORDOVA      305      925-0131  
at (      )  
Name of Person      Area Code      Daytime Telephone Number

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$125.00 Filing Fee	<input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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**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

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2020 JUN 25 AM 9:01

ARTICLE I - Name:

The name of the Limited Liability Company is:

DELGADO DENTAL SOLUTIONS LLC

(Must contain the words "Limited Liability Company," "LLC," or "LLP")

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:

Mailing Address:

11211 EVERBLADES PKWY  
NAPLES, FL 34116

SAME

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:

DIEGO E CORDOVA

Name

7300 NORTH KENDALL DRIVE, SUITE 201

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

MIAMI

FL

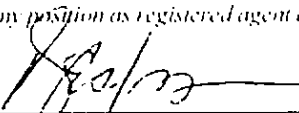
33156

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)

(CONTINUED)

FILED

2020 JUN 25 AM 9:01

SECRETARY OF STATE  
TALLAHASSEE, FL

**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

AARON DELGADO  
11211 EVERBLADES PKWY  
NAPLES, FL 34116

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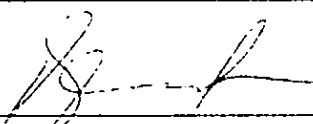
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**REQUIRED SIGNATURE:**



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.

DIEGO E CORDOVA, CPA

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)