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.

(((H20000239614 3)))



H200002396143ABC.

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 : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 : (305)552-5973 Phone : (305)675-5944 Fax Number

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. KENDALL DENTAL PROFESSIONALS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

ARTICLES OF ORGANIZATION

OF:

KENDALL DENTAL PROFESSIONALS, LLC

The undersigned, desiring to form a limited liability company under and pursuant to Florida Statute entitled the Florida Limited Liability Company Act, does hereby adopt the following Articles of Organization for such Company:

ARTICLE I - NAME

The name of the limited liability company shall be:

KENDALL DENTAL PROFESSIONALS, LLC

ARTICLE II -BUSINESS ADDRESS

10201 Hammock Boulevard Suite 146 Miami, FL 33196

<u> ARTICLE III – MAILING ADDRESS</u>

10201 Hammock Boulevard Suite 146 Miami, FL 33196

ARTICLE IV - REGISTERED AGENT

Juan Anillo-Sarmien to 10201 Hammock Boulevard Suite 146 Miami, FL 33196

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

, ,

ARTICLE V - MANAGEMENT

The name and address of each Manager or Managing Member is as follows:

Juan Anillo - Sarmiento | 1020] Hammook Boulevard Suite 146

3052201440

Miafni FL 83196

Manager/ Member

Manuel Anillo-Sarmiento

10201 Hammock Boulevard Suite 146

Miami, FL 33196 Manager/ Member SECRETARY OF STATE TALLAHASSEF, FI OPIN

In accordance with section 605.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the Fact State herein are true.

STATE OF FLORIDA

I HEREBY CERTIFY, THAT ON THIS 17th DAY OF July 2020 personally appeared before me, an authorized officer duly commissioned to administer oaths and take acknowledgments;

Juan Anillo

The person who executed the foregoing Articles of Organization, and acknowledged that they signed and

executed the same for the uses and purposes there in stated.

IN WITNESS WHEREOF, I have hereunto set my hand and official scal in Miami Dade County, Florida.

The day and year above written.

Produced Florida Drivers License

CAESAR COSTERO
MY COMMISSION # GG 925511
EXPIRES: January 17, 2024
Bonded Thru Notary Public Underwriters

NOTARY PUBLIC