

Division of Corporations

Page 1 of 2

20000237529

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.

(((H20000237529 3)))



H200002375293ABC/

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 : CAPITOL SERVICES, INC.
Account Number : 120160000017
Phone : (855) 498-5500
Fax Number : (800) 432-3622

****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.
GD FL, PLLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

*****PLEASE PROVIDE
THE ORIGINAL
SUBMISSION DATE OF
7/22/20*****

J. FASON

JUL 27 2020

2020 JUL 24 PM 2:44

RECEIVED

2020 JUL 24 AM 11:30

RECEIVED

CORPORATIONS
COMMERCIAL
SERVICES

850-617-6381

7/23/2020 7:28:34 PM PAGE 1/001 Fax Server



July 23, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CAPITOL SERVICES

SUBJECT: GD FL, PLLC
REF: W20000078566

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.

The specific purpose of the entity must be set forth in the document.

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

Matthew T Moon FAX Aud. #: H20000237529
Regulatory Specialist II Supervisor Letter Number: 120A00013903
New Filing Section

H20000237529 3

COVER LETTER

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

SUBJECT: GD FL, 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:

Lisa Murphy, Paralegal

Name of Person

Dykema Gossett PLLC

Firm/Company

112 E. Pecan Street, Suite 1800

Address

San Antonio, Texas 78205

City/State and Zip Code

danny.kawas@guardiandentistry.com

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

For further information concerning this matter, please call:

Danny Kawas at 224 715-2501
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|---|
| <input 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) |
|--|---|---|---|

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

H20000237529 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

GD FL, 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:8423 SW 137 StreetPalmetto Bay, FL 33158**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:

Danny Kawas

Name

8423 SW 137 StreetFlorida street address (P.O. Box **NOT** acceptable)Palmetto Bay FL 33158

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.


(REQUIRED)

(CONTINUED)

2020 JUL 24 PM 2:44

FILED

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:

AMBR

Antonio Molina
5803 NW 151st Street, #201
Miami Lakes, FL 33014

(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.

The purpose of the limited liability company is to provide dental services through licensed dentists
and other dental professionals

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.

Antonio Molina

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 JUL 24 PM 2:44

FILED