## Division of Corporations Electronic Filing Cover Sheet

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To:

**Division of Corporations** 

Fax Number : (850)617-6381

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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

Email Address:		
Email Address:		

# FLORIDA LIMITED LIABILITY CO. SAMAVIA'S SMILE STUDIO, PLLC

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

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#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

### SAMAVIA'S SMILE STUDIO, 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:	
7901 4th 5	St N	7901	4th St N	
STE 300		STE	300	
St. Petersb	St. Petersburg FL 33702		St. Petersburg FL 33702	
(The Limited Liabilit another business enti	istered Agent, Registered Office, & y Company cannot serve as its own Ro ty with an active Florida registration.) orida street address of the registered at Northwest Registered	egistered Agent. ) gent are:	You must designate an individual or	100 T
		<del>_</del> _		<u> </u>
	ľ	Name		بي
	7901 4th St N S	7901 4th St N STE 300		÷5
	Florida street address (	P.O. Box <u>NOT</u> a	cceptable)	
	St. Petersburg	FL	33702	
	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..

Northwest Registered Agent LLC

Tom Glover - Assistant Secretary

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	Name and Address:		
"MGR" = Manager	SAMAVIA AHMED 7901 4th St N STE 300		
	St. Petersburg, FL USA 33702		
	-		
	<del></del>		
	<del></del>		
(Use attachment if necessary)			
ARTICLE V: Effective date, if other than the c	late of filing: (OPTIONAL)		
If an effective date is listed, the date must be the date of filing.)	e specific and cannot be more than five business days prior to or 90 days a of meet the applicable statutory filing requirements, this date will not be list		
ARTICLE VI: Other provisions, if any.	ant of State S fections.		
REQUIRED SIGNATURE:	ian Oothe		
Signature of a This document is ext I am aware that any f	member or an authorized representative of a member, ecuted in accordance with section 605.0203 (1) (b), Florida Statutes, alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.		
Morgan No	oble		

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

The areas of professional services of the Limited Liability Company is as follows: (a) To provide dent services and ancillary services related thereto by and through its members, manager, officers, employees, and agents who are duly licensed and otherwise legally authorized to render such dental services within the State of Florida. (b) To engage in every aspect and phase of the practice of dentistry and the performance of services ancillary thereto that are customarily performed by licensed dentists and related staff under the State of Florida and in accordance with Chapter 621 of the Florida Statutes.