Note: Please print this page into use it a later sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210001015143)))



H210001015143ABCP

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 : JOHNSON, POPE, BOKOR, RUPPEL & BURNS, LLP.

Account Number : 076666002140
Phone : (727)461-1818
Fax Number : (727)441-8617

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

		,	1.
			;;
Email	Address:		=
			₹
		773	_

FLORIDA LIMITED LIABILITY CO.

Hernando County Dentistry Venture, PLLC

Certificate of Status	0
Certified Copy	11
Page Count	01
Estimated Charge	\$155.00

Help 2 3/16/2

(((H210001015143)))

ARTICLES OF ORGANIZATION OF HERNANDO COUNTY DENTISTRY VENTURE, PLLC

The undersigned executes these Articles of Organization of Hernando County Dentistry Venture, PLLC to form a professional limited liability company pursuant to the Florida Revised Limited Liability Company Act.

ARTICLE I. NAME

The name of the professional limited liability company is Hernando County Dentistry Venture, PLLC.

ARTICLE II. ADDRESS

The mailing and street address of the principal office of the professional limited liability company is 118 Cedar Hammock Lane, Panama City Beach, Florida 32407.

ARTICLE III. REGISTERED AGENT AND OFFICE

The street address of the initial registered agent of the professional limited liability company is 490 1st Avenue South, Suite 700, Saint Petersburg, Florida 33701, and the name of the professional limited liability company's initial registered agent at that address is Chestnut Business Services, LLC.

Having been named to accept service of process for the above-stated professional 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.

CHESTNUT BUSINESS SERVICES &LC

Name: Michael D. Magieson

Title: Vice President

ARTICLE IV. PURPOSE

The purpose of this professional limited liability company is to engage in the practice of dentistry and to do any and all things necessary, convenient or incidental to that purpose.

ARTICLE V. MANAGEMENT OF COMPANY

The professional limited liability company is a manager-managed limited liability company. The professional limited liability company has one (1) initial manager. The initial manager is Anishkumar Patel, D.M.D., whose address is 118 Cedar Hammock Lane, Panama City Beach, Florida 32407.

EXECUTED: March 10, 2021

ANISHKUMAR PATEL, D.M.D., Authorized Representative of the Member