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Florida Department of State
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : GASSMAN, CROTTY & DENICOLA, P.A.
Account Number : 075350000514
Phone : (727)442-1200
Fax Number : (727)443-5829

****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.
SOMA SMILES COSMETIC & PEDIATRIC DENTISTRY, P.L.L.C.**

Certificate of Status	0
Certified Copy	0
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ARTICLES OF ORGANIZATION

OF

SOMA SMILES COSMETIC & PEDIATRIC DENTISTRY, P.L.L.C.

a Florida Professional Limited Liability Company

**ARTICLE I
NAME**

The name of this Professional Limited Liability Company is SOMA SMILES COSMETIC & PEDIATRIC DENTISTRY, P.L.L.C., the "Company").

**ARTICLE II
ADDRESS**

The mailing address of the Professional Limited Liability Company is:

1245 Court Street
Clearwater, FL 33756

The street address of the principal office of the Professional Limited Liability Company is:

1245 Court Street
Clearwater, FL 33756

**ARTICLE III
REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT'S SIGNATURE:**

The name and Florida street address of the Registered Agent are:

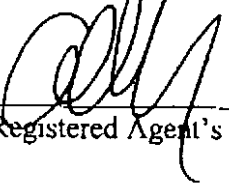
ALAN S. GASSMAN, ESQ.
1245 Court Street
Clearwater, FL 33756

Alan S. Gassman, Esquire
1245 Court Street
Clearwater, FL 33756
(727) 442-1200
Florida Bar # 371750

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ARTICLES OF ORGANIZATION OF
SOMA SMILES COSMETIC & PEDIATRIC DENTISTRY, P.L.L.C.

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Having been named as Registered Agent and 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 as provided for on Chapter 605, F.S.



Registered Agent's Signature (REQUIRED)

**ARTICLE IV
MANAGER**

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

MGR

CHRISTOPHER KARAPASHA
1245 Court Street
Clearwater, FL 33756

**ARTICLE V
ADMISSION OF NEW MEMBERS**

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

The manager may admit new members in its sole and unfettered discretion subject only to the condition that such additional member must agree in writing to be bound as a member by the Operating Agreement of the Company.

**ARTICLE VI
MEMBERS RIGHTS TO CONTINUE BUSINESS**

The right, if given, of the remaining members of the professional limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the professional limited liability company shall be:

Alan S. Gassman, Esquire
1245 Court Street
Clearwater, FL 33756
(727) 442-1200
Florida Bar # 371750

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The death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the professional limited liability company shall not terminate the company, and the business of the company shall be automatically continued, so long as there is at least one remaining member.

ARTICLE VII NATURE OF BUSINESS

The purpose for which the professional limited liability company is organized shall be to engage in and carry on all branches of the practice of dentistry within the State of Florida, and to do those things that are necessary or proper in connection with that practice.

ARTICLE VIII DURATION

The Company's existence shall commence upon the acceptance of the Articles of Organization by the Secretary of State of Florida and shall continue in existence until the expiration of fifty (50) years from such commencement date, unless sooner terminated, liquidated, or dissolved by law or by the unanimous consent of the Members.

ARTICLE IX EFFECTIVE DATE:

The Effective Date of formation of the professional limited liability company, if other than the date of filing, shall be _____.

AUTHORIZED REPRESENTATIVE OF MEMBER
SOMA SMILES COSMETIC & PEDIATRIC
DENTISTRY, P.L.L.C.



ALAN S. GASSMAN

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Alan S. Gassman, Esquire
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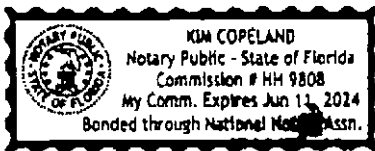
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STATE OF FLORIDA)
COUNTY OF PINELLAS)

The foregoing instrument was acknowledged by means of physical presence before me, this 12 day of April, 2021, by ALAN S. GASSMAN, as Authorized Representative of SOMA SMILES COSMETIC & PEDIATRIC DENTISTRY, P.L.L.C., who is personally known to me.

Witness my hand and official seal in the county and state last aforesaid on the day and year first written above.



Kim Copeland
Notary Public, State of Florida
My Commission Expires:

J:\K\Karapasha\Soma Smiles Cosmetic & Pediatric Dentistry, P.L.L.C. (FL)\Articles of Organization.1.wpd
smc 4/12/21

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NOTARY PUBLIC
STATE OF FLORIDA

Alan S. Gassman, Esquire
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