

L21000179528

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

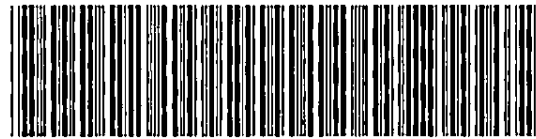
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400361055634

03/25/21--01029--004 **125.00

FILED
2021 MAR 25 PM 12:33

ROBERT H. MONTGOMERY, III, ESQUIRE, P.C.

230 SOUTH BROAD STREET
SUITE 305
PHILADELPHIA, PA 19102

Phone (215) 731-1404
Fax (215) 701-1861
www.YourDentallawyer.com

RECEIVED
MAR 25 2021
11:33 AM

Robert H. Montgomery, III *

Justin J. Weaver A

Anna M. Haslinsky

April V. Francia

David R. Dratch ◊

Kimberly Rest Montgomery, *of counsel* †

Margaret E. Bowles, *of counsel* ◻

Except as noted below, members of the Pennsylvania & New Jersey Bars

* Also member of Arizona, Minnesota, New York, Ohio, Texas, Virginia, Washington, Oregon, Oklahoma, Maryland & Utah Bars

A Also member of Georgia, West Virginia, Michigan, Illinois, Missouri, Tennessee & Vermont Bars

◊ Also member of New York & Massachusetts Bars

† Also member of District of Columbia Bar

◻ Member of Colorado, Connecticut, Florida, Massachusetts & North Carolina Bars, only

Sender's E-mail: April@RMontgomery-Law.com

March 24, 2021

Via FedEx

New Filing Section, Florida Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Re: Articles of Organization – Modern Smiles Orthodontics, PLLC

Dear Sir/Madam:

Please find enclosed for filing the Articles of Organization for "Modern Smiles Orthodontics, PLLC". Also enclosed is a check made payable to the "Florida Division of Corporations" in the amount of \$125.00 for the applicable filing fee. Please feel free to reach out to me directly with any questions you might have. Thank you.

Very truly yours,


April V. Francia

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Modern Smiles Orthodontics, 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:

APRIL FRANCIA, ESQ.

Name of Person

ROBERT H MONTGOMERY III ESQ PC

Firm/Company

230 S BROAD ST STE 305

Address

PHILADELPHIA, PA 19102

City/State and Zip Code

APRIL@RMONTGOMERY-LAW.COM

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

For further information concerning this matter, please call:

APRIL FRANCIA

215

731-1404 X. 6

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:



\$125.00 Filing Fee



\$130.00 Filing Fee &
Certificate of Status



\$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)



\$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 of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

2021 FEB 25 PM 12:33

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Modern Smiles Orthodontics, 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:

10988 ESTEBAN DRIVE
FORT MYERS, FL 33912

Mailing Address:

10988 ESTEBAN DRIVE
FORT MYERS, FL 33912

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:

KELLY HARRIS, DMD

Name

10988 ESTEBAN DRIVE

Florida street address (P.O. Box **NOT** acceptable)

<u>FORT MYERS</u>	<u>FL</u>	<u>33912</u>
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.



2021 FEB 25 PM 12:33

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2021 FEB 25 PM 12:33

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

KELLY HARRIS, DMD

10988 ESTEBAN DRIVE

FORT MYERS FL 33912

(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.

THIS ENTITY IS FORMED FOR THE PURPOSE OF PROVIDING DENTISTRY SERVICES.

REQUIRED SIGNATURE:



KELLY HARRIS, DMD

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.

KELLY HARRIS, DMD; AUTHORIZED MEMBER

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)