

L21000248548

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.

((H21000213007 3)))



H210002130073ABCO

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 : NASON, YEAGER, GERSON, WHITE & LIOCE, P.A.
Account Number : 073222003555
Phone : (561) 686-3307
Fax Number : (561) 290-1590

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

Email Address: bmann@nasonyeager.com

FLORIDA LIMITED LIABILITY CO.
Sage Dental of Plant City, PLLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

2021 MAY 27 AM 9:16

2021 MAY 27 PM 4:18

me 5/28/21

FILED

2021 MAY 27 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION
OF
SAGE DENTAL OF PLANT CITY, PLLC

I, the undersigned authorized representative of the Members, hereby make, acknowledge and file these Articles of Organization for the purpose of forming a professional limited liability company under the laws of the State of Florida. The professional limited liability company is being formed for the practice of dentistry and all other activities permitted under applicable law.

ARTICLE I
NAME

The name of this Limited Liability Company is:

SAGE DENTAL OF PLANT CITY, PLLC

ARTICLE II
ADDRESS

The street address and mailing address of the principal office is:

951 Broken Sound Parkway
Suite 250
Boca Raton, Florida 33487

ARTICLE III
CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

The name and the Florida street address of the registered agent and office are:

CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

Having been named as registered agent to accept service of process for the above-stated limited liability company, at the location designated herein, I hereby consent to and accept the appointment to act in this capacity, acknowledge that I am familiar with and accept the obligations of a registered agent and agree to comply with the laws of Florida applicable thereto.

CT Corporation System

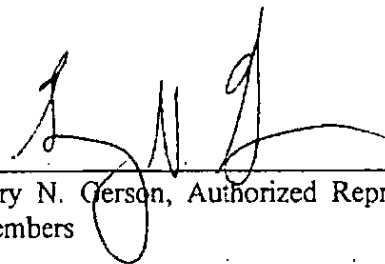
/s/ Kathryn A. Widdoes, Assistant Secretary
Registered Agent

ARTICLE IV
MANAGEMENT

The powers of the Limited Liability Company shall be exercised by or under the authority of, and the business and affairs of the Limited Liability Company shall be managed under the direction of, its Manager(s) and is, therefore, a manager-managed company.

Title: Manager
Sage Dental Group of Florida, PLLC
951 Broken Sound Parkway NW, Suite 250
Boca Raton, FL 33487

IN WITNESS WHEREOF, the undersigned authorized representative of the Members has made and subscribed these Articles of Organization at Palm Beach Gardens, Florida, for the uses and purposes aforesaid, this 27 day of May, 2021.



Gary N. Gerson, Authorized Representative of the
Members