

221 000 337726

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

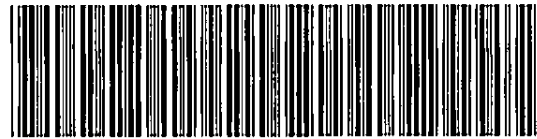
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600361057516

03/08/21--01041--005 \*\*125.00

FILED

2021 MAR -8 AM 8:15

CLERK OF COURT  
TALLAHASSEE, FLORIDA

01000041210

RED HILLS ORAL AND FACIAL SURGERY, P.A.  
2648 Centennial Place  
Tallahassee, Florida 32308

March 3, 2021

Florida Secretary of State  
Amendment Section  
Division of Corporations  
2415 N. Monroe Street, Ste. 810  
Tallahassee, FL 32303

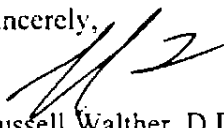
**Re: Letter of Affiliation for Red Hills Oral and Facial Surgery, PLLC**

Dear Sir or Madam:

This letter serves as a letter of affiliation for the above-referenced professional limited liability company. Please be advised that the above-referenced professional limited liability company is affiliated with Red Hills Oral and Facial Surgery, P.A. (the "PA"), and that the PA has authorized the above-referenced professional limited liability company to use the name "Red Hills Oral and Facial Surgery, PLLC."

Please do not hesitate to contact me if you have any questions or require any additional information.

Sincerely,



Russell Walther, D.D.S., M.D., Member

Enclosure

FILED  
2021 MAR -8 AM 8:15  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** Red Hills Oral and Facial Surgery, 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:

Russell Walther

Name of Person

Firm/Company

2648 Centennial Place

Address

Tallahassee, Florida 32308

City/State and Zip Code

russell@rhofs.com

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

For further information concerning this matter, please call:

Russell Walther      850      523-3000  
Name of Person      at (      )      Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

FILED  
2021 MAR -8 AM 8:15  
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Red Hills Oral and Facial Surgerv, 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:

2648 Centennial Place  
Tallahassee, Florida 32308

2648 Centennial Place  
Tallahassee, Florida 32308

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:

Russell Walther

Name

2648 Centennial Place

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

Tallahassee

Florida

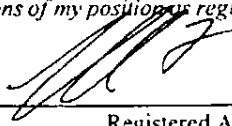
32308

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.*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
TALLAHASSEE, FLORIDA

2021 MAR -8 AM 8:15

FILED

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AMBR

Red Hills Oral and Facial Surgery, P.A.  
2648 Centennial Place  
Tallahassee, Florida 32308

AMBR

Marcus Joy, DDS, PA  
2648 Centennial Place  
Tallahassee, Florida 32308

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.

The professional limited liability company shall be organized for the purposes of engaging in the practice of oral and maxillofacial surgery and any ancillary business allowed by a professional limited liability company under Florida law.

**REQUIRED SIGNATURE**



**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.

Russell Walther, Authorized Representative of 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)

FILED  
2021 MAR -8 AM 8:15  
TALLAHASSEE, FLORIDA