Fm:Bridget Mann-Harrison Division of Corporations (18586176381)

12:48 08/17/21 GHT-05 Pg 3-5

https://efile.sunbiz.org/scripts/efilcovr.exe



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

(((H210003092073)))



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:

### FLORIDA LIMITED LIABILITY CO.

Sage Dental of Zephyrhills, PLLC

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

Electronic Filing Menu

Corporate Filing Menu

Help



#### ARTICLES OF ORGANIZATION

**OF** 

#### SAGE DENTAL OF ZEPHYRHILLS, 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 ZEPHYRHILLS, 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 21 AUG 17 PM 12: 43

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

Stephane Honay

Stephanie Hencz, 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 17th day of August, 2021.

Gary N. Gerson, Authorized Representative of the

Members