

L21000 445504

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.

((H21000380755 3)))



H210003807553ABC+

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 : HAILE, SHAW & PFAFFENBERGER, P.A.
Account Number : 076326003550
Phone : (561) 627-8100
Fax Number : (561) 622-7603

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

Email Address: andrewlee19@gmail.com

**FLORIDA LIMITED LIABILITY CO.
LANG DENTAL STUDIO, PLLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

2021 OCT 12 PM 4:42

FAN: H21000380755 3

**ARTICLES OF ORGANIZATION
OF
LANG DENTAL STUDIO, PLLC**

The undersigned authorized representative of a member, for the purpose of forming a professional limited liability company under the Florida Revised Limited Liability Act, Florida Statutes Chapters 605 and 621 (the "Act"), hereby makes, acknowledges and files the following Articles of Organization:

ARTICLE I — NAME

The name of the professional limited liability company is LANG DENTAL STUDIO, PLLC (the "Company").

ARTICLE II - ADDRESS

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

3900 South Suncoast Blvd.
Homosassa, FL 34448

ARTICLE III – OTHER PROVISIONS

The purpose for which the Company is organized is to engage in the practice of dentistry as a professional limited liability company and to provide services incidental thereto, carried out only by employees, officers and agents who are licensed in Florida to render dental services.

ARTICLE IV - REGISTERED AGENT

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

Nason Yeager Gerson Harris & Fumero, P.A.
3001 PGA Boulevard, Suite 305
Palm Beach Gardens, FL 33410

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 in Chapter 605, F.S.

NASON YEAGER GERSON HARRIS & FUMERO, P.A.

By: 
Philip M. DiComo, Esq.

FAN: H21000380755 3

FAN: H21000380755 3

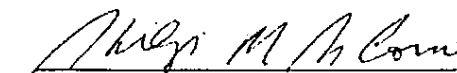
ARTICLE V — MANAGEMENT

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

<u>Title</u>	<u>Name and Address</u>
MGR	All Dental, PLLC 10310 Clover Pine Drive Tampa, FL 33647

Dated: October 12, 2021

REQUIRED SIGNATURE


Philip M. DiComo, Authorized Representative

(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.)

FAN: H21000380755 3