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Division of Corporations

L21000457004

Florida Department of State
Division of Corporations
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Email Address: justinelikofer@gmail.com

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FLORIDA LIMITED LIABILITY CO.
Tampa Dental Partners LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

SEP 20 2021
TALLAHASSEE, FL

2021 OCT 20 AM 11:35

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Audit # H21000391205

**ARTICLES OF ORGANIZATION FOR FLORIDA
LIMITED LIABILITY COMPANY**

ARTICLE I

Name and Address

The name of this Limited Liability Company is:

Tampa Dental Partners LLC

The mailing address and street address of the Limited Liability Company are:

**3709 W Santiago
Tampa, FL 33629**

ARTICLE II

Term of Existence

This Limited Liability Company shall have perpetual existence, commencing upon the date of filing of these Articles with the Florida Department of State.

ARTICLE III

Purpose and Powers

This Limited Liability Company is organized for the purpose of transacting any and all lawful business for which a Limited Liability Company may be organized under the laws of the State of Florida.

ARTICLE IV

Powers

The Limited Liability Company shall have the powers granted to a Limited Liability Company under the laws of the State of Florida.

This form was prepared with the assistance of CourtAccess Centers of America, Inc., a non-lawyer located at 13046 Race Track Road, Suite 131, Tampa, FL 33626., 813-875-1333.

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ARTICLE V
Initial Registered Office and Agent

The street address of the initial registered office of this Limited Liability Company is:

3709 W Santiago
Tampa, FL 33629

and the name of its registered agent at such address is:

Justin Lee Elikofer

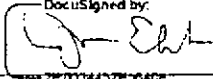
ARTICLE VI
Management

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

Name and Address

Justin Lee Elikofer, Authorized Member
3709 W Santiago
Tampa, FL 33629

Dated: Wednesday, October 20, 2021

DocuSigned by:

287033443280040P

Justin Lee Elikofer, Authorized 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.

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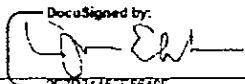
DocuSign Envelope ID: E515D139-7535-415C-B328-E1601A8DED2D

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ACCEPTANCE BY REGISTERED AGENT

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..

Date: October 20, 2021

DocuSigned by:

20201020152156401

Justin Lee Elikofer

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