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2021-10-22 14:57:30 CST

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From: Keity Toon

Division of Corporations

## Electronic Filing Cover Sheet

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Division of Corporations

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Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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## FLORIDA LIMITED LIABILITY CO.

## Tradition and Appearance Dental, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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Corporate Filing Menu

Help

To: +18506176381

## AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Tradition and Ap	pearance Denial, LL	С
(Must	contain the words "Limited		
ARTICLE II - Address:			
The mailing address and stre	et address of the principal c	office of the Limited I	Liability Company is:
Principal Office Address:		Mailing Address:	
8685 Baymeadov	ws Rd East	8685	Baymeadows Rd East
11005 22 1112400			
Suite 1401		Suite	1401
Suite 1401  Jacksonville FL  ARTICLE III - Registered The Limited Liability Comp	Agent, Registered Office, any cannot serve as its own	Jacks  & Registered Agent Registered Agent. Y	onville FL 32256
Suite 1401  Jacksonville FL  ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, any cannot serve as its own an active Florida registration eet address of the registered	Jacks & Registered Agent. Y on.) I agent arc:	onville FL 32256
Suite 1401  Jacksonville FL  ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, any cannot serve as its own an active Florida registration	Jacks & Registered Agent Registered Agent. Y on.) f agent arc:	onville FL 32256
Suite 1401  Jacksonville FL  ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, any cannot serve as its own an active Florida registration eet address of the registered	Jacks & Registered Agent. Y on.) I agent arc:	onville FL 32256
Suite 1401  Jacksonville FL  ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registration eet address of the registered CT Corporation Sys	Jacks & Registered Agent Registered Agent. Y on.) d agent arc: stem Name	onville FL 32256  's Signature: ou must designate an individual o
Suite 1401  Jacksonville FL  ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registration eet address of the registered CT Corporation Sys	Jacks & Registered Agent Registered Agent. Y on.)  d agent arc: stem Name	onville FL 32256  's Signature: ou must designate an individual o
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Hfurther 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)

Laura R. Broderick, Assistant Secretary

(CONTINUED)

To: +18506176381

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
AMBR	Joe Gaeta 8685 Baymeadows Rd East, Ste #1401	
	Jacksonville FL 32256	
(Use attachment if necessary)  CLE V: Effective date, if other than the date	e of filing:	
CLE V: Effective date, if other than the date effective date is listed, the date must be stood filling.)  If the date inserted in this block does not becoment's effective date on the Department.	pecific and cannot be more than five business days prior to or 90 d meet the applicable statutory filing requirements, this date will not b	•
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