

L22000144701

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

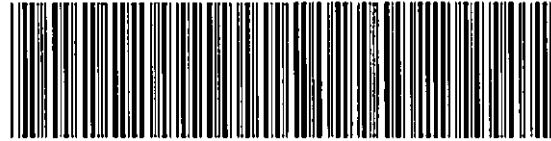
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SECRETARY OF STATE  
TALLAHASSEE, FL

2022 APR -5 AM 11:04

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SECRETARY OF STATE

2022 APR -5 PM 2:14

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

GOLDTREE ENDO, PLLC

\_\_\_\_ Art of Inc. File \_\_\_\_\_  
\_\_\_\_ LTD Partnership File \_\_\_\_\_  
\_\_\_\_ Foreign Corp. File \_\_\_\_\_  
\_\_\_\_ L.C. File \_\_\_\_\_  
\_\_\_\_ Fictitious Name File \_\_\_\_\_  
\_\_\_\_ Trade/Service Mark \_\_\_\_\_  
\_\_\_\_ Merger File \_\_\_\_\_  
\_\_\_\_ Art. of Amend. File \_\_\_\_\_  
\_\_\_\_ RA Resignation \_\_\_\_\_  
\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_  
\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_  
\_\_\_\_ Cert. Copy \_\_\_\_\_  
\_\_\_\_ Photo Copy \_\_\_\_\_  
\_\_\_\_ Certificate of Good Standing \_\_\_\_\_  
\_\_\_\_ Certificate of Status \_\_\_\_\_  
\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_  
\_\_\_\_ Corp Record Search \_\_\_\_\_  
\_\_\_\_ Officer Search \_\_\_\_\_  
\_\_\_\_ Fictitious Search \_\_\_\_\_  
\_\_\_\_ Fictitious Owner Search \_\_\_\_\_  
\_\_\_\_ Vehicle Search \_\_\_\_\_  
\_\_\_\_ Driving Record \_\_\_\_\_  
\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_  
\_\_\_\_ UCC 11 Search \_\_\_\_\_  
\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_  
\_\_\_\_ Courier \_\_\_\_\_

Signature \_\_\_\_\_

Requested by: SETH

04/05/22

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

**COVER LETTER**

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

**SUBJECT:** GOLDTREE ENDO, 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:

Robert A. Burson  
Name of Person

Robert A. Burson, P.A.  
Firm/Company

900 SE Ocean Blvd Suite C 120  
Address

Stuart FL 34994  
City/State and Zip Code

savelljuan@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bob Burson      772      286 1616  
at (      )  
Name of Person      Area Code      Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |   |   |
|--|---|---|---|
| <input 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 checked="" type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|--|---|---|---|

**FILED**

**ARTICLES OF ORGANIZATION  
OF  
GOLDTREE ENDO, PLLC**

**2022 APR -5 AM 11:04**

**SECRETARY OF STATE  
TALLAHASSEE, FL**

The undersigned, for the purpose of forming a professional service limited liability company under the Florida Revised Limited Liability Company Act, F.S. Chapter 605 and under the Florida Professional Service Corporation and Limited Liability Company Act, F.S. Chapter 621, hereby make, acknowledge, and file the following Articles of Organization.

**ARTICLE 1  
NAME**

The name of the professional limited liability company is GOLDTREE ENDO, PLLC, and it is herein referred to as the "company."

**ARTICLE 2  
MAILING AND STREET ADDRESSES OF THE COMPANY**

The street address of the company is:

1400 Goldtree Drive  
Unit 105  
Port St. Lucie, FL 34952.

The mailing address of the principal office of the company is:

1400 Goldtree Drive  
Unit 105  
Port St. Lucie, FL 34952

**ARTICLE 3  
OTHER PROVISIONS**

**MEMBERSHIP LIMITED TO AREA OF PROFESSIONAL PRACTICE**

In accordance with FS 621.03(1), all members of the company must be licensed or legally authorized to provide professional services as a dentist.

**MANAGEMENT BY MANAGER(S)**

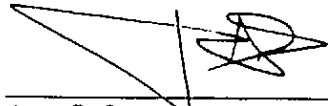
The company shall be managed by one or more managers in accordance with regulations adopted by the members for the management of the business and affairs of the company. Managers may be, but not need to be, members.

**ARTICLE 4  
REGISTERED OFFICE AND AGENT**

The name and Florida street address of the initial registered agent of the company are as follows:

Juan E. Savelli  
900 SE Ocean Blvd.  
Suite B-216  
Stuart, FL 34994

Having been named as the 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.

  
\_\_\_\_\_  
Juan E. Savelli, Registered Agent  
April 4, 2022

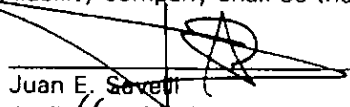
**ARTICLE 5  
PERSON AUTHORIZED TO MANAGE THE COMPANY**

The name and address of the person authorized to manage the company is:

Title: Manager  
Juan E. Savelli  
900 SE Ocean Blvd.  
Suite B-216, Stuart, FL 34994

**ARTICLE 6  
EFFECTIVE DATE**

The effective date for this professional liability company shall be the date of filing.

  
\_\_\_\_\_  
Juan E. Savelli  
April 4, 2022

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1<sup>st</sup> and May 1<sup>st</sup> in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

**FILED**  
2022 APR -5 AM 11:04  
SECRETARY OF STATE  
TALLAHASSEE, FL