

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L22000149820  
FILED 8:00 AM  
March 18, 2022  
Sec. Of State  
snchatham

**Article I**

The name of the Limited Liability Company is:

BRUCE M. SHAW D.D.S., PLLC

**Article II**

The street address of the principal office of the Limited Liability Company is:

11 ISLAND AVE  
APT 2101  
MIAMI BEACH, FL. 33139

The mailing address of the Limited Liability Company is:

11 ISLAND AVE  
APT 2101  
MIAMI BEACH, FL. 33139

**Article III**

Other provisions, if any:

FOR THE CONDUCT OF A DENTAL PRACTICE, AND ALL OTHER LAWFUL  
BUSINES IN THE STATE OF FLORIDA

**Article IV**

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

BRUCE M SHAW  
11 ISLAND AVE  
APT 2101  
MIAMI BEACH, FL. 33139

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.

Registered Agent Signature: BRUCE SHAW

### **Article V**

The name and address of person(s) authorized to manage LLC:

Title: AMBR  
BRUCE SHAW  
11 ISLAND AVE, APT 2101  
MIAMI BEACH, FL. 33139

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### **Article VI**

The effective date for this Limited Liability Company shall be:

03/18/2022

Signature of member or an authorized representative

Electronic Signature: BRUCE M. SHAW

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 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

# L220000149820

## Affidavit of Bruce M. Shaw

State of Florida

County of Miami-Dade

The undersigned, being duly sworn, deposes and states as follows, under penalty of perjury:

1. My name is Bruce M. Shaw, D.D.S.
2. I am presently 72 years old, and my current address of residence is 11 Island Avenue, Apt 2101, Miami Beach, Florida 33139.
3. The purpose of this Affidavit is to release my name to be used in the name of a new entity to be filed and formed with the Florida Department of State, viz.: **BRUCE M. SHAW, D.D.S., PLLC** (the "PLLC").
4. My name is currently being used in the name of the existing Florida entity, viz.: **BRUCE M. SHAW, D.D.S., P.A.** (the "P.A."), document number 603531.
5. The PLLC and the P.A. are entities that are both 100% owned and controlled by the Affiant, and no conflict shall exist between them as a result of the two entities both bearing the name of the Affiant.
6. This Affidavit is a "Name Release Affidavit" to enable the Florida Department of State to duly accept for filing the Articles of Organization of the PLLC so that the PLLC may be duly filed and formed with the Florida Department of State.
7. Further the Affiant sayeth not.

I hereby swear or affirm that the information above is true accurate and complete in all respects, and that no relevant information has been omitted.

Dated: April 8, 2022

  
\_\_\_\_\_  
BRUCE M. SHAW

Notarial Seal



