

L22000161245

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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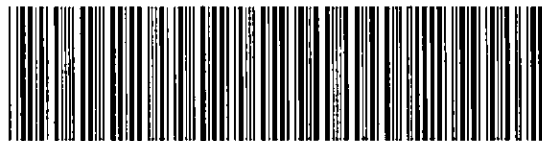
(Business Entity Name)

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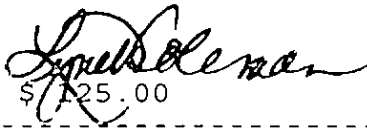
CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 623751 4331939

AUTHORIZATION :

COST LIMIT : \$125.00



ORDER DATE : April 15, 2022

ORDER TIME : 10:07 AM

ORDER NO. : 623751-005

CUSTOMER NO: 4331939

DOMESTIC FILING

NAME: SOUTH FEDERAL HIGHWAY DENTAL  
BUILDING, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
CERTIFICATE OF LIMITED PARTNERSHIP  
X ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
XX PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT.

EXAMINER'S INITIALS: \_\_\_\_\_

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Articles of Organization  
of  
South Federal Highway Dental Building, LLC  
(a Florida limited liability company)

SECRETARY OF STATE  
TALLAHASSEE, FL

Pursuant to Florida Statutes §605.0201, the undersigned member of **South Federal Highway Dental Building, LLC** hereby submits the following Articles of Organization of **South Federal Highway Dental Building, LLC** for the purpose of forming a limited liability company under the laws of the State of Florida.

**Article 1.**

**Name**

The name of the Limited Liability Company is "South Federal Highway Dental Building, LLC" (the "Company").

**Article 2.**

**Principal Office**

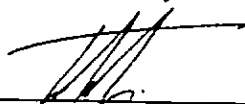
The mailing address and street address of the principal office of the Company is: 1212 East Broward Blvd., Suite 200, Fort Lauderdale, Florida 33301.

**Article 3.**

**Registered Agent**

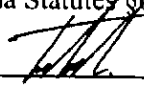
The name of the initial registered agent of the Company is **Dr. Burak Taskonak**, and the street address of the Company's initial registered agent is 1212 East Broward Blvd., Suite 200, Fort Lauderdale, Florida 33301.

These Articles of Organization are hereby executed by the undersigned member of the Company.

  
\_\_\_\_\_  
**Dr. Burak Taskonak**

**Acceptance of Appointment of Registered Agent**

Having been named as registered agent and to accept service of process for **South Federal Highway Dental Building, LLC** at the place designated in these Articles of Organization, 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 Florida Statutes §605.0113.

  
\_\_\_\_\_  
**Dr. Burak Taskonak**

Date: 04/15/2022

**FILED**

**2022 APR 15 PM 12:44**

**SECRETARY OF STATE  
TALLAHASSEE, FL**