L22000275222						
(Requestor's Name) (Address) (Address)	400389107624					
(City/State/Zip/Phone #)	06/14/2201001026 **125.00					
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	RECEIVED					
Office Use Only	PILED 3027 JUNIS PHI2:08 SECRETARI DE STAL TALLAHASSEE, FL					

	INC. 236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (85				
		WALK IN			
	PIC	K UP:	<u>6/13 LYNES</u>		
	CERTIFIED COPY				
XΧ	РНОТОСОРУ				
	CUS				
XX	FILING	_LLC			
	RCT MANAGEMENT I (CORPORATE NAME AND DOCU	JMENT #)			
	(CORPORATE NAME AND DOCU	JMENT #)			
-	(CORPORATE NAME AND DOCU	JMENT #)			
	(CORPORATE NAME AND DOCU	IMENT #)			



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 15, 2022

CORPRATE ACCESS

SUBJECT: RCT MANAGEMENT LLC Ref. Number: W22000081075

OVIC CONTRACTOR

We have received your document for RCT MANAGEMENT LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is distinguishable on our records. However, the name is similar to a name already on file with this office. Therefore, the use of this name may result in future complications. The name of the existing entity is : RCT MANAGEMANT, INC, document number P21000077317.

You may 1.) resubmit the document under the current name; or 2.) choose to file under another name. If you choose to file under another name, please make the appropriate correction throughout the document(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist III

Letter Number: 822A00013399

www.sunbiz.org

FILED

ARTICLES OF ORGANIZATION OF ENDODONTIC MANAGEMENT LLC

2022 JUN 16 PM 12: 08

SECREDARY SE PRAL

The undersigned, for the purpose of forming a limited liability company under the Florida Revised Limited Liability Company Act, Florida Statutes Chapter 605, hereby makes, acknowledges and files the following Articles of Organization.

ARTICLE I - NAME:

The name of the limited liability company (the "Company") is: Endodontic Management LLC

ARTICLE II - ADDRESS:

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

Principal Office Address:

585 Ave K SE Winter Haven, FL 33880 Mailing Address: 585 Ave K SE Winter Haven, FL 33880

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Benjamin W. Hardin, Jr. 1905 Bartow Road Lakeland, Florida 33801

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.

Registered Agent's Signature

ARTICLE IV:

•

The Company shall be manager-managed. The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u>	Name and Address:			
MGR	Ahmed Alzubaidi 585 Ave K SE Winter Haven, FL 33880			
MGR	Haider Alzubaidi 585 Ave K SE Winter Haven, FL 33880	SLUKEDI	1 NUC 202	ŋ
ARTICLE V -		ASSE	ad 9	.
Effective date, if other than the date of filing: _	<u>N/A</u>	E. Th	PH 12: 08	0

ARTICLE VI -

Other provisions, if any.

<u>OPERATING AGREEMENT</u>: The members of the Company shall hereafter adopt an Operating Agreement setting forth all the terms, provisions, conditions, and covenants by which the Company will be governed. The Company shall be manager-managed.

Signature of a member of an authorized representative of a member. (In accordance with section 605.6208 (1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Benjamin W. Hardin, Jr. Typed or printed name of signee