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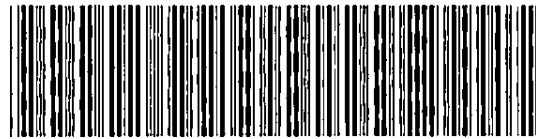
(Business Entity Name)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 20, 2021

SANDRA K. CANADA
SMITH, THOMPSON, ET AL
3520 THOMASVILLE ROAD, 4TH FL
TALLAHASSEE, FL 32309

We have received your document for DR. FRANK DENTAL CARE, PLLC 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 specific purpose of the entity must be set forth in the document.

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: 821A00030600

DIV.
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION OF DR. FRANK DENTAL CARE, PLLC

The undersigned, pursuant to the provisions of Chapter 605 of the Florida Statutes (the "Florida Revised Limited Liability Company Act"), for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. **NAME.**

The name of the Limited Liability Company is **DR. FRANK DENTAL CARE, PLLC** (hereinafter referred to as the "Company").

2. **PERIOD OF DURATION.**

The period of duration of the Company shall be perpetual, unless it is dissolved as provided in the Florida Limited Liability Act or the written Operating Agreement to be executed by all of the Members of the Company.

3. **PURPOSE.**

To engage in any and all other businesses and activities permitted by the laws of the State of Florida. The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws. The specific purpose of the entity is a dental practice.

4. **MAILING ADDRESS OF BUSINESS.**

The mailing address of the business in Florida for the Company is **P. O. Box 12935, Tallahassee, Florida 32317**. Such address may be changed from time to time as provided in the Operating Agreement.

5. **ADDRESS OF PLACE OF BUSINESS.**

The address of the place of business is **2063 Centre Pointe Boulevard, Tallahassee, Florida 32308**. Such address may be changed from time to time as provided in the Operating Agreement.

6. **REGISTERED AGENT.**

The initial registered agent in Florida for the Company is: **ANDREW J. POWER**; the initial registered office is located at **3520 Thomasville Road, 4th Floor, Tallahassee, Florida 32309**.

7. **MANAGEMENT.**

The name and address of the person authorized to manage and control the Limited Liability Company is as follows:

**Smile Management and Consultants, P.A.
2063 Centre Pointe Boulevard
Tallahassee, Florida 32308**

EXECUTED at Tallahassee, Leon County, Florida this 13th day of ^{December}~~November~~, 2021.



ANDREW J. POWER, INCORPORATOR

22 JUL 12 PM 2:13

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT WITH WHOM PROCESS MAY BE SERVED.

Pursuant to the provisions of Section 605 Florida Statutes, the undersigned Limited Liability Company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the limited liability company is **DR. FRANK DENTAL CARE, PLLC.**
2. The name of the registered agent and office is: **ANDREW J. POWER, 3520 Thomasville Road, 4th Floor, Tallahassee, Florida 32309.**

ACKNOWLEDGEMENT

Having been named to accept service of process for the above limited liability company, at the place designated in this certificate, I hereby accept to act in this capacity and agree to comply with the provision of said Act relative to being available at said location.



ANDREW J. POWER, Registered Agent

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