

C120002308440

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000235967 3)))



H2200023596734503

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
 Fax Number : (850)617-6381

From:

Account Name : BACHELOR AND ASSOCIATES, INC.
 Account Number : 120000000120
 Phone : (954)421-3319-954-752-2758
 Fax Number : (954)752-4183

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: ingrid@bachelorandassociates.com

RECEIVED
 2022 JUL 12 AM 9:11
 CORPORATIONS
 COMMERCIAL
 SERVICES

FLORIDA LIMITED LIABILITY CO.
Lauren Goode DMD, PLLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

FILED
 22 JUL 12 PM 12:35
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

(((H22000235967 3)))

ARTICLES OF ORGANIZATION
for
Lauren Goode DMD, P.L.L.C.
A Florida Professional Limited Liability Company

The undersigned does hereby subscribe to and file these Articles of Organization for the purpose of organizing a Professional Limited Liability Company (The Limited Liability Company) under the Florida Limited Liability Company Act.

ARTICLE I
NAME

The name of this limited liability company is:
Lauren Goode DMD, P.L.L.C.

ARTICLE II
PRINCIPAL OFFICE/MAILING ADDRESS

The principal office and mailing address of this limited liability company is:

4017 Turnstone Court
Weston, Florida 33331

ARTICLE III
DURATION AND AREAS OF PRACTICE

The period of duration for the Limited Liability Company shall be perpetual. The Limited Company is organized to provide dental services.

ARTICLE IV
REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED
AGENT'S SIGNATURE

The name and the Florida street address of the registered agent is:
Lauren Goode
4017 Turnstone Court
Weston, Florida 33331

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.

Prepared By: Ingrid M Bachelor CPA
License No: Ac-0032360
Address: 18235 W Sample Road
Suite 203
Coral Springs, Florida 33065
Phone Number: 954-752-2758

22 JUL 12 PM 1:05
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(((H22000235967 3)))

(((H22000235967 3)))

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.



Lauren Goode, Registered Agent

ARTICLE V MANAGEMENT

The limited liability company is to be managed by its members and is, therefore, a member-managed company. The name and address of each Manager or Managing Member is as follows:

Lauren Goode
4017 Turnstone Court
Weston, Florida 33331

Manager



Lauren Goode, Authorized Representative of
the Member

(In accordance with Section 605.0203(1)(b) Florida Statutes, the execution of this document constitutes an affirmation under 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.)

FILED
22 JUL 12 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(((H22000235967 3)))