

L22000422401

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

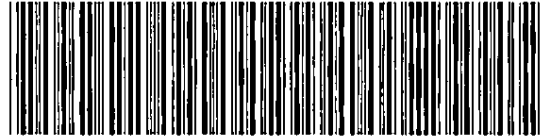
(Document Number)

Certified Copies _____

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Office Use Only



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S. CHATHAM

SEP 30 2022

2022 SEP 29 PM 3:10

2022 SEP 29 PM 3:14

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: I.D.E.A.L. Dental Coaching and Consulting, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amy Allen

Name of Person

United Corporate Services, Inc.

Firm/Company

100 State Street, Suite 800

Address

Albany, NY 12207

City/State and Zip Code

e.caves3@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____ at (_____) _____
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☒ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32311

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32307

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 09/29/2022

****WALK IN****

ENTITY NAME I.D.E.A.L. Dental Coaching and Consulting, LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

_____	<i>Plain Copy</i>
XXXXXXXXXX	<i>Certified Copy</i>
_____	<i>Certificate of Status</i>

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

_____	<i>Certified Copy of Arts & Amendments</i>
_____	<i>Certified Copy of Arts & Amendments Complete File (Including Annual Reports)</i>
_____	<i>Certificate of Status</i>
_____	<i>Certificate of Status Reflecting: _____</i>

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$ 155

ACCOUNT # 120140000108
United Corporate
Services, Inc.

Keith Heppard

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

I.D.E.A.L. Dental Coaching and Consulting, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

3454 Wellfleet Lane
Naples, Florida 34114

Mailing Address:

3454 Wellfleet Lane
Naples, Florida 34114

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Dr. Edmund Eaves

Name

3454 Wellfleet Lane

Florida street address (P.O. Box **NOT** acceptable)

Naples

FL

34114

City

State

Zip

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.

Dr. Edmund Eaves

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATE & BUSINESS REGISTRATION
SEP 20 PM 3:14

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Dr. Edmund Eaves

3454 Wellfleet Lane

Naples, Florida 34114

AMBR

Kelly McLeland

11089 Octave Drive, Apartment 1302

Zionsville, Indiana 46077

AMBR

Jessi Evans

5154 Parrish Street Extension

Canandaigua, New York 14424

AMBR

Elizabeth Howe

615 Continential Drive

Durham, North Carolina 27712

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

151 Dr. Edmund Eaves

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

Dr. Edmund Eaves

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

FILED
SEP 12 2011
CLERK OF COURT
JACKSONVILLE, FLORIDA
22 SEP 29 PM 3:11