Electronic Filing Cover Sheet

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(((H22000388518 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

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

Email Address:	

FLORIDA LIMITED LIABILITY CO. **GD-OP PARTNERS, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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Help

(4)



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COVER LETTER

	GD-OP PARTNERS, LLC	
SUBJECT:		nited Liability Company
The enclose	d Articles of Organization and fee(s) are	e submitted for filing.
Please return	n all correspondence concerning this ma	tter to the following:
		Name of Person
	GUARDIAN DENTISTRY PRACTIC	E MANAGEMENT .
•	• •	Firm/Company
	5803 NW 151ST ST. SUITE 201	
		Address
	MIAMI LAKES, FL 33014	
	C CHRIS.CARLISLE@GUARDIANDEN	ity/State and Zip Code
_		for future annual report notification)
For further in	formation concerning this matter, please	e call:
	KRISTIN ORNSTEIN 21	4 462-6468
_	Name of Person A	rea Code Daytime Telephone Number
Enclosed is	a check for the following amount:	
□\$125.00	Filing Fee \$\B\$\$\$\$\B\$	□\$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	Street Address
	New Filing Section Division of Corporations	New Filing Section Division The Centre of Tallahassee
	P.O. Box 6327	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

GD-OP PARTNERS, 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 Addre	ress:
------------------------	-------

Mailing Address:

5803 NW 151ST ST. SUITE 201 MIAMI LAKES, FL 33014

5803 NW 151ST ST. SUTTE 201 MIAMI LAKES, FL 33014

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:

CAPITOL CORPORATE SERVICES, INC.

Name

515 EAST PARK AVENUE, 2ND FLOOR

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

FLORIDA TALLAHASSEE City Zip State

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..

Toylor Seay, as Asst. Secretary on behalf of Capitol Corporate Services, Inc.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

H22000388518

<u>litle:</u>	Name and Address:
AMBR" = Authorized Membe	r
MGR" = Manager	
MGR	NKP GUARDIAN MANAGER, LLC
	5803 NW 151ST ST, SUTTE 201
	MIAMI LAKES, FL 33014
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CV: Effective date, if other that ctive date is listed, the date m filing.) the date inserted in this block of	ust be specific and cannot be more than five business days prior to or 90 loes not meet the applicable statutory filing requirements, this date will not
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