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(Requestor's Name)

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☐ PICK-UP

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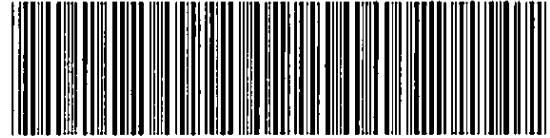
(Business Entity Name)

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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

RODION PINKHASOV, DMD, PLLC

Signature \_\_\_\_\_

Requested by: SETH

01/04/23

Name

Date

Time

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Will Pick Up \_\_\_\_\_

\_\_\_\_\_ Art of Inc. File \_\_\_\_\_  
\_\_\_\_\_ LTD Partnership File \_\_\_\_\_  
\_\_\_\_\_ Foreign Corp. File \_\_\_\_\_  
\_\_\_\_\_ L.C. File \_\_\_\_\_  
\_\_\_\_\_ Fictitious Name File \_\_\_\_\_  
\_\_\_\_\_ Trade/Service Mark \_\_\_\_\_  
\_\_\_\_\_ Merger File \_\_\_\_\_  
\_\_\_\_\_ Art. of Amend. File \_\_\_\_\_  
\_\_\_\_\_ RA Resignation \_\_\_\_\_  
\_\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_  
\_\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_  
\_\_\_\_\_ Cert. Copy \_\_\_\_\_  
\_\_\_\_\_ Photo Copy \_\_\_\_\_  
\_\_\_\_\_ Certificate of Good Standing \_\_\_\_\_  
\_\_\_\_\_ Certificate of Status \_\_\_\_\_  
\_\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_  
\_\_\_\_\_ Corp Record Search \_\_\_\_\_  
\_\_\_\_\_ Officer Search \_\_\_\_\_  
\_\_\_\_\_ Fictitious Search \_\_\_\_\_  
\_\_\_\_\_ Fictitious Owner Search \_\_\_\_\_  
\_\_\_\_\_ Vehicle Search \_\_\_\_\_  
\_\_\_\_\_ Driving Record \_\_\_\_\_  
\_\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_  
\_\_\_\_\_ UCC 11 Search \_\_\_\_\_  
\_\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_  
\_\_\_\_\_ Courier \_\_\_\_\_

**ARTICLES OF ORGANIZATION FOR  
PROFESSIONAL FLORIDA LIMITED LIABILITY COMPANY  
RODION PINKHASOV, DMD, PLLC**

**ARTICLE I - NAME**

The name of the professional limited liability company is RODION PINKHASOV, DMD, PLLC.

**ARTICLE II - ADDRESS**

The mailing address is 3000 Oasis Grand Blvd. #2607, Fort Myers, FL 33916 and the street address of the principal office of the professional limited liability company is 3000 Oasis Grand Blvd. #2607, Fort Myers, FL 33916.

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE AND  
REGISTERED AGENT'S ACCEPTANCE**

The name and address of the registered agent and office is:

Blalock Walters, P.A.  
2 North Tamiami Trail, Suite 400  
Sarasota, FL 34236

*Having been named as registered agent and to accept service of process for the above stated professional limited liability company at the place designated in this certificate, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relative to the proper and complete performance of such duties, and is familiar with and accepts the obligations of the position as registered agent as provided for in Chapters 605 and 621, Florida Statutes.*

Blalock Walters, P.A., professional corporation

By: Matthew J. Lapointe  
Matthew J. Lapointe, Esq., Principal

**ARTICLE IV - MANAGEMENT**

The professional limited liability company is to be manager-managed. The initial manager shall be Rodion Pinkhasov, DMD. The initial manager's address is 3000 Oasis Grand Blvd., #2607, Fort Myers, FL 33916.

**ARTICLE V - PURPOSE**

The purpose of this professional limited liability company is to provide professional dental services.

These Articles of Organization are executed on this 4th day of January, 2023.

Matthew J. Lapointe  
Matthew J. Lapointe, Esq., Authorized  
Representative

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