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.

(((H23000015150 3)))



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 : JOHNSON, POPE, BOKOR, RUPPEL & BURNS, LLP.

Account Number : 076666002140 : (727)461-1818 Phone

Fax Number : (727)441-8617

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

Email Address: LKennerly@JP Firm. com

FLORIDA LIMITED LIABILITY CO. HENRIQUE F. SILVA, DDS, PLLC

Certificate of Status	0
Certified Copy	0
Page Count	₩ A
Estimated Charge	\$125.00

JOHNSON, POPE, BOKOR, RUPPEL & BURNS, LLP

490 1st Avenue South, Suite 700 St. Petersburg, FL 33701 Telephone: (727) 999-9900 Fax: (727) 222-1920

Facsimile Cover Sheet

To: Mr. Burch

Company: Florida Department of State, Divisions of

Corporations

Phone:

Fax: (850) 617-6381

From: LISA KENNERLY, PARALEGAL

Company: JOHNSON, POPE, BOKOR, RUPPEL &

BURNS, LLP

Date: JANUARY 13, 2022

Pages including this

cover page: 4

Dear Mr. Burch,

I was directed to refax the attached rejection letter (REF: W23000004136) and Articles of Organization for filing, as the filing was mistakenly rejected. The registered agent is an individual using his credentials as a "Doctor of Dental Surgery (D.D.S.) and not a business entity. I also noticed that the name of the company on the rejection letter was incorrectly stated as: HENRIQUE FL. SILVA, DDS, PLLC and it should be HENRIQUE F. SILVA, DDS, PLLC.

Thank you,

Lisa Kennerly, Paralegal

The information contained in this transmission may be attorney/chent privileged and therefore confidential. This information is intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copy of this communication is strictly prohibited. If you receive this transmission is zero or if you are not the individual or entity named above, the receipt of this transmission is not intended to and does not waive any privilege, attorney/client or otherwise. If you have received this communication in error, please notify us by telephone, collect, and return the original message to us at the above address via U.S. Postal Service. You will be reimbursed for any postage or any other expense associated with the return of this document. Thank you



January 13, 2023

FLORIDA DEPARTMENT OF STATE

JOHNSON, POPE, BOKOR, RUPPLE & BURNS, LLP.

SUBJECT: HENRIQUE FL. SILVA, DDS, PLLC

REF: W23000004136

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Florida law requires any business entity serving in the capacity of a registered agent to have an active registration or filing on our records.

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.

Genesis R Kersey OPS Clerk

FAX Aud. #: E23000015150 Letter Number: 023A00001015

ARTICLES OF ORGANIZATION

OF

HENRIQUE F. SILVA, DDS, PLLC

The undersigned executes these Articles of Organization of HENRIQUE F. SILVA, DDS. PLLC to form a professional limited liability company pursuant to the Florida Revised Limited Liability Company Act.

ARTICLE I. NAME

The name of the professional limited liability company is HENRIQUE F. SILVA, DDS, PLLC.

ARTICLE IL ADDRESS

The street address of the principal office and the mailing address of the professional limited liability company is 3715 SW 6th PL., Gainesville, Florida 32607.

ARTICLE III. REGISTERED AGENT AND OFFICE

The street address of the initial registered agent of the professional limited liability company is 3715 SW 6th PL., Gainesville, Fiorida 32607, and the name of the initial registered agent at that address is Henrique F. Silva, D.D.S.

Having been named 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.



ARTICLE IV. PURPOSE

The purpose of this professional limited liability company is to engage in the practice of dentistry and to do any and all things necessary, convenient or incidental to that purpose.

ARTICLE V. MANAGEMENT OF COMPANY

The professional limited liability company is a manager-managed limited liability company. The professional limited liability company has one (1) initial manager, and this initial manager is Henrique F. Silva, D.D.S., at 3715 SW 6th PL., Gainesville, Florida 32607.

EXECUTED: January 11 . 2023

ExecuteD: January 11 . 2023

HENRIQUE F. SILVA, D.D.S., Member