

L23000049127

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

c/mjt  
024672/1

**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.**

(((H23000042224 3)))



H2300004222434BCT

**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 : BAKER & HOSTETLER LLP  
Account Number : I19990000077  
Phone : (407)649-4016  
Fax Number : (407)841-0168

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

Email Address:

d1mdmcl@gmail.com

**FLORIDA LIMITED LIABILITY CO.****Ramal Dental Real Estate, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

2022/1/4 4:31 PM

23 FEB - 1 PM 0:35

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: **RAMAL DENTAL REAL ESTATE, LLC**

ARTICLE II - Address:

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

2546 Aloma Avenue  
Winter Park, Florida 32792

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

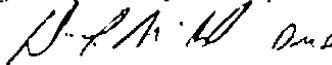
The name and the Florida street address of the registered agent are:

David L. McIntosh, D.M.D.  
Name

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

2546 Aloma Avenue  
Winter Park, Florida 32792

*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.*



Registered Agent's Signature: **David L. McIntosh, D.M.D.**

Article IV – Management:

The Company shall be manager-managed and the name and address of the initial manager of the Company is:

**David L. McIntosh, D.M.D.**  
2546 Aloma Avenue  
Winter Park, Florida 32792

Dated this 1<sup>st</sup> day of February, 2023

**David L. McIntosh, D.M.D., P.A., Member**

By: 

**David L. McIntosh, D.M.D., President**

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.)