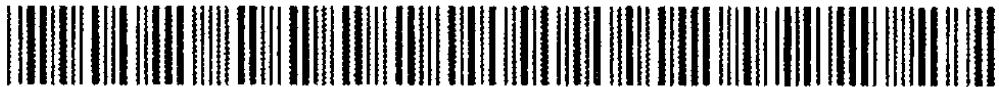


624672/1
L2300049127Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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)))



H23000042224 3 ABC

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: dmardinal@gmail.com

20731 4 31

FLORIDA LIMITED LIABILITY CO.	
Ramal Dental Real Estate, LLC	
Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

23 FEC - 1 FEB 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:

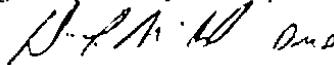
The name and the Florida street address of the registered agent are:

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:

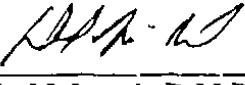
The Company shall be manager-managed and the name and address of the initial manager of the Company is:

David L. McIntosh, D.M.D.

2546 Aloma Avenue
Winter Park, Florida 32792

Dated this 1st 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.)