

L23000240946

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

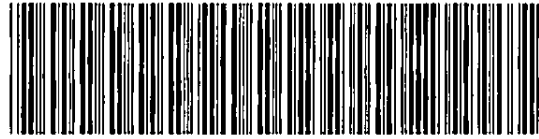
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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23 MAY 16 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

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

Smile Care Partners LLC

Please Debit 120000000257 For: 125

Thank you Seth Neeley



- 23 MAY 16 PM 2:59
FILED
TALLAHASSEE, FL
CLERK OF COURT
- ___ 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 _____

Signature

Requested by: SETH

05/16

Name

Date

Time

Walk-In

Will Pick Up

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: SMILE CARE PARTNERS, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KAREN KAPAN

Name of Person

Firm/Company

11800 30TH COURT NORTH

Address

ST. PETERSBURG, FLORIDA 33716

City/State and Zip Code

KARENK@MGEONLINE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KAREN KAPLAN

727

530-4277

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$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

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

23 MAY 16 PM 2:59
SECTION 1
FILED
TALLAHASSEE, FL 32303

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SMILE CARE 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 Address:

1734 East Lake Woodlands Parkway
Oldsmar, Florida 34677

Mailing Address:

1734 East Lake Woodlands Parkway
Oldsmar, Florida 34677

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:

Karen Kaplan

Name

11800 30th Court North

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

St. Petersburg

Florida

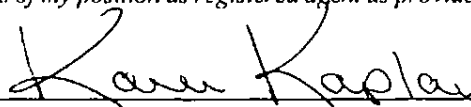
33716

City

State

Zip

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 (REQUIRED)

(CONTINUED)

23 MAY 16 PM 3:11
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TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

Jeff Blumberg

1734 East Lake Woodlands Parkway

Oldsmar, Florida 34677

(Use attachment if necessary)

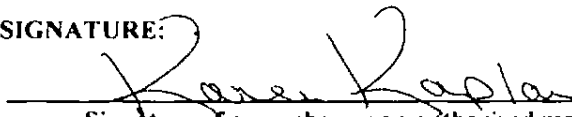
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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.

KAREN KAPLAN

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

23 MAY 6 11:31:00
FILED
CLERK OF THE
DEPARTMENT OF
STATE
TALLAHASSEE, FLORIDA