

L23000393259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

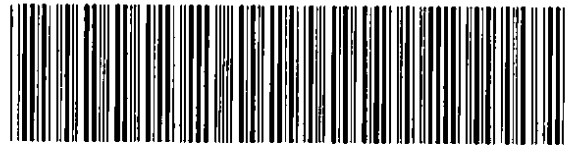
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100413408441

RECEIVED

2023 AUG 22 PM 2:37

ALLAHASSEE, FLORIDA

2023 AUG 22 PM 2:54

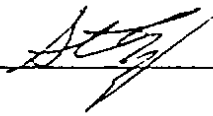
CAPITAL CONNECTION, INC.

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

SUNSHINE COAST DENTAL, PLLC

Please Debit FCA000000003 For: 125

Thank you Seth Neeley



Signature

Requested by: SETH

Name

Date

Time

Walk-In

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
FLORIDA LIMITED LIABILITY COMPANY
SUNSHINE COAST DENTAL, PLLC**

ARTICLE I – NAME: The name of the professional limited liability company is **Sunshine Coast Dental, PLLC**.

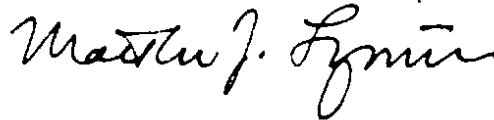
ARTICLE II – ADDRESS: The mailing address is 9955 SE FEDERAL HWY, HOBE SOUND, FL 33455 and the street address of the principal office of the limited liability company is 9955 SE FEDERAL HWY, HOBE SOUND, FL 33455.

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.
802 11th Street West
Bradenton, Florida 34205

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 Chapter 605, Florida Statutes.

Blalock Walters, P.A., a Florida professional corporation

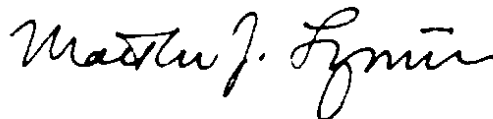


Matthew J. Lapointe, Principal

ARTICLE IV – MANAGEMENT: The professional limited liability company is to be manager-managed. The initial manager shall be Jennifer Castro, DDS. The manager's address is 9955 SE Federal Hwy., Hobe Sound, FL 33455.

ARTICLE V – PURPOSE: The purpose of the professional limited liability company is the provision of professional dental services and all other purposes authorized by the Florida Revised Limited Liability Company Act.

IN WITNESS WHEREOF, these Articles of Organization are executed on this 22nd day of August, 2023.



Matthew J. Lapointe, as Authorized Representative