Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA003000023 : (954)208-0845 Fax Number : (614)573-3996

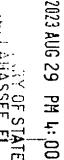
**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

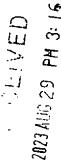
sarah.cooley@hklaw.com Email Address:

FLORIDA LIMITED LIABILITY CO.

Sage Dental of Callahan, PLLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00





ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Sage Dental of Callahan, PLLC

(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:

Mailing Address:

6600 Congress Ave, Suite 150	6600 Congress Ave. Suite 150
Boca Raton, FL 33487	Boca Raton, FL 33487

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

C.T. Corporation Systems

(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:

	מואה	
1200 South Pine Isla	nd Road	
Fforida street addres	s (P.O. Box <u>NOT</u> acc	eptable)
Plantation	Florida	33324
Čħ,	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. Thereby accept the appointment as registered agent and agree to act in Fis 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 Cliptr 605. ISS

By: **Mathical Street Agent's Signature (4:0) HED

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

Title;	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
MGR	Sage Dental Group of Florida, PLLC	
	6600 Congress Ave, Suite 150	
	Boca Raton, FL 33487	
		
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		<u> </u>
		
(Use attachment if necessary)		
ARTICLEV: Effective date, if other than the	fate of filing: (OP)	FIONAL)
(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 n	ot meet the applicable statutory filing requirements, th	ils date will not be listed as
the document's effective date on the Departm		
ARTICLEVI: Other provisions, if any.		
Professional Limited Liability Company Purp	ose: The practice of Dentistry	
REQUIRED SIGNATURE:		
		
	Davidson Lentz	
Signature of a	member or an authorized representative of a mem	ber.
This document is ex	ecuted in accordance with section 605,0203 (1) (b). Flo	orida Statutes ⊷
I am aware that any I	alse information submitted in a document to the Depar	tment of State 🙈
constitutes a third de	gree felony as provided for in s.817.155, F.S.	7 (A)
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<u>Davidson Lei</u>	icz, Organizer	_ ≥ ⊆
	Typed or printed name of sign c	= E ₁₀ 26

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)



