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.

(((H23000300588 3)))



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 : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (954)208-0845 Phone 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 LADY LAKE, PLLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

S. CHATHAM SEP - 1 2023

	•		
			2
ARTICLESOFORGANIZATION	LODGET CODING LINE	ITTEINI LADII TIX	7 Y 13 1D 68 3
**************************************	T 1 265 E L 2 265 H 275 H 275 H 275	1	V 43.211 /4.31

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

Sage Denial of Lady Lake, PLLC

(Must contain the words "Limited Liability Company, "L.I., 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: (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: C.T. Corporation System. מואו 1200 South Pine Island Road Florida street address (P.O. Box NOT acceptable) Plantation Florida

State

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 Lis capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and Lam familiar with and accept the obligations of my position as registered agent as provided for in Clipto 605. ISS

By:

Registered Agent's Signature (#2(D)1421)

(CONTINUED)

4	D.	r'ı	<i>(</i> * )	LE:	IX'
ŀ١	15		١.:	. P.	[ <b>\</b> -

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
<u></u>	
	Žii23 MU3 29
	19
(Use attachment if necessary)	
If an effective date is listed, the date must the date of filing.)  Note: If the date inserted in this block does the document's effective date on the Depart ARTICLEVI: Other provisions, if any.	c date of filing:
REQUIRED SIGNATURE:	
	a member or an authorized representative of a member.
This document is e I am aware that any	a member or an authorized replicementative of a member, executed in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State legree felony as provided for in s.817.155, F.S.
<u>Davidson L</u>	entz, Organizer
	Typed or printed name of signer

### 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)