

Division of Corporations Electronic Filing Cover Sheet

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TG:

Page: 2 of 4

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 Phone : (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:

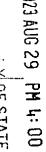
FLORIDA LIMITED LIABILITY CO.

Sage Dental of Jacksonville at Town Center, PLLC

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

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Help





ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Sage Dental of Jacksonville at Town Center, 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 Boca Raton, FL 33487 6600 Congress Ave. Suite 150 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.

מונה

1200 South Pine Island Road

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

PlantationFlorida33324ClyStateZip

Having been named as registered agent and to accept service of process for the above stated limited hability company at the place designated in this certificate. Thereby 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 Clipto 603, ISS

C.T. Corporation System.

By

Registered Agent's Signature (4EQ) 14ED

(CONTINUED)

2023 AUG 29 PH 4: 00

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The name and address of each person authorized to manage and control the Limited Liability Compan	The name and address of each	person authorized to manage and	control the Limited Liability Company
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Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
-	
MGR	Sage Dental Group of Florida, PLLC 6600 Congress Ave. Suite 150
	Boxa Raton, FL 33487
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	· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)	
ARTICLEV: Effective date, if other than the date (If an effective date is listed, the date must be spothed ate of filing.)	of filing:
<u>Note:</u> If the date inserted in this block does not net the document's effective date on the Department of	neet the applicable statutory filing requirements, this date will not be listed as of State's records.
A BODIOLOGIC CONTROL C	
ARTICLEVI: Other provisions, if any.	The practice of Dentistry
Professional Ennued Engineey Company Purpose:	The practice of Denustry
REQUIRED SIGNATURE:	
	Davidson Lenta
Signature of a me	Davidson Lentz mber or an authorized representative of a member.
This document is execut	ed in accordance with section 605.0203 (1) (b), Florida Statutes.
	information submitted in a document to the Department of State
constitutes a third degree	felony as provided for in s.817.155, F.S.

Davidson Lentz, Organizer

Typed or printed name of signer

Filing Fees:

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

S 5.00 Certificate of Status (Optional)

IZALLAHASSEE, FL

