

L23000554410

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

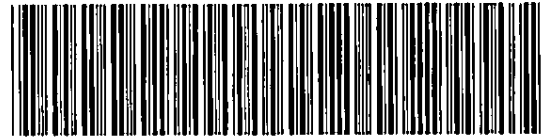
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

Office Use Only



400419924434

RECEIVED

2023 DEC 18 PM 3:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2023 DEC 18 PM 2:29

**CT CORP**  
**(850) 656- 4724**  
**3558 lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 12/18/2023

Acc#I20160000072

*en: c DW*

Name:	SRQ Smiles, LLC
Document #:	
Order #:	15281485 - 1

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>
	Plain: <input checked="" type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

teceben@aol.com

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 125.00

Thank you!

# ARTICLES OF ORGANIZATION

SRQ SMILES, LLC,  
a Florida limited liability company

## ARTICLE I NAME

The business and affairs of the Limited Liability Company shall be conducted under the name of:

SRQ SMILES, LLC

## ARTICLE II PRINCIPAL OFFICE AND MAILING ADDRESS

The street address and the mailing address of the principal place of business of the Limited Liability Company shall be:

5677 South Beneva Road  
Sarasota, Florida 34233

## ARTICLE III INITIAL REGISTERED AGENT/OFFICE

The registered office of the Limited Liability Company and its initial registered agent shall be:

Garrett A. Karow, DMD  
5677 South Beneva Road  
Sarasota, Florida 34233

2023-11-17 2:31

ARTICLE IV  
MANAGEMENT AND POWERS

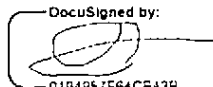
The business and affairs of the Limited Liability Company shall be managed by one or more Members elected as provided in the Member Agreement of the Limited Liability Company. The initial Members shall be as follows:

THOMAS A. BOWLES, DDS, P.A.  
5677 South Beneva Road  
Sarasota, Florida 34233

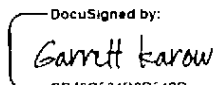
GARRETT A. KAROW, DMD, PLLC  
5677 South Beneva Road  
Sarasota, Florida 34233

These Articles of Organization have been executed as of December 13th, 2023.

**THOMAS A. BOWLES DDS, P.A.**, a Florida professional association

By:  DocuSigned by:  
0104067564C8438  
Thomas A. Bowles, President

**GARRETT A. KAROW, DMD, PLLC**, a Florida professional limited liability company

By:  DocuSigned by:  
Garrett Karow  
0104067564C8438  
Garrett A. Karow, Manager

“MEMBERS”

2023 12 13 PM 2:00

CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 605.0203 of the Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a registered office and registered agent in the State of Florida.

1. The name of the Limited Liability Company is:

SRQ SMILES, LLC

2. The name and the Florida street address of the registered agent are:

Garrett A. Karow, DMD  
5677 South Beneva Road  
Sarasota, Florida 34233

Having been named 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Date: December 13, 2023

DocuSigned by:

*Garrett Karow*

CD76D5340CC0543D

Garrett A. Karow, DMD

“REGISTERED AGENT”

2023 12 13 2:30 PM