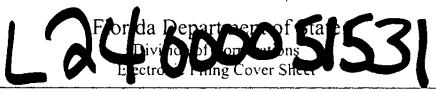
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FLORIDA LIMITED LIABILITY CO. Sakshi Gupta DDS PLLC

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1/31/22

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((H24000039566 3)))		506176381 Date	Time 01/29/24 06:24PM Pages:
ARTICLES	OF ORGANIZATION FOR E	FLORIDA LIMITED LL	ABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liab	oility Company is: 🗼		• •
Sakshi Gupta DD	S PLLC and with the words "Limited	Liability Company "	1.C "or "11C")
ARTICLE II - Address: The mailing address and stree	t address of the principal of	ffice of the Limited Lia	ability Company is:
<u>Princ</u>	cipal Office Address:		Mailing Address:
4642 Tennyson D			ennyson Drive
Rockledge, FL 32	955	Rockle	dge, FL 32955
another business entity with a	_		
	Sakshi Gupta		
		Name	
	4642 Tennyson Drive		
	4642 Tennyson Drive	,	
		: s (P.O. Box <u>NOT</u> acce	ptable)
			913955
	Florida street address	s (P.O. Box <u>NOT</u> acce	•
place designated in this certification further agree to comply with the	Florida street address Rockledge City ed agent and to accept service the, I hereby accept the apport	FL State ce of process for the ab sintment as registered a lating to the proper an	32955
place designated in this certification further agree to comply with the	Florida street address Rockledge City ed agent and to accept service the, I hereby accept the apport	FL State ce of process for the aboutment as registered against the proper and as registered agent as p	32955 Zip ove stated limited liability company at the igent and agree to act in this capacity. I d complete performance of my duties, and I

(CONTINUED)

Page 1 of 2

P: 2/3

(((H24000039566 3)))

А	D.	ľI	117	L.	IV.

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	Sakshi Ciupta
AMBR	4642 Tennyson Drive
	Rockledge, FL 32955
	rockeder 15 52 755
	· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)	
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, To a second se	
<u>REOUIRED</u> SIGNATURE: /S/ Sakshi Gupta	
131 Saksili Supia	
This document is executed I am aware that any false inf	er or an authorized representative of a member. in accordance with section 605.0203 (1) (b). Florida Statutes. ormation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.
Sakshi Gupta	
	yped or printed name of signee
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