

L24000088295

***CORRECTED; PLEASE
HONOR ORIGINAL
SUBMISSION DATE OF
2/19/24

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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.

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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 : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

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

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
MSD DENTAL PLLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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2/20/2024 11:58:12 AM PAGE 1/001 Fax Server



February 20, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CAPITOL SERVICES, INC.

SUBJECT: MSD DENTAL PLLC
REF: W24000028241

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must contain a complete/legal signature for each person signing the document. Please amend the signature portion(s) of your document accordingly.

If you have any further questions concerning your document, please call (850) 245-6052.

Crystal S Hightower
Regulatory Specialist II
CoT

FAX Aud. #: H24000067427
Letter Number: 124A00003704

Leslie Sellers

From: faxfinder@capitol-services.com
Sent: Monday, February 19, 2024 2:55 PM
To: Leslie Sellers
Subject: FaxFinder Fax Notification: Successfully sent fax to 850-617-6381
Attachments: fax_outbound_850-617-6381_20240219_135452_00007765-0000.pdf

Create Time: 02/19/2024 01:52:31 PM

Schedule Time: 02/19/2024 01:54:52 PM

State: sent

Schedule Message: Successfully sent fax

Hangup code: 0

Try #: 1

Username: admin

Sender name: Leslie Sellers

Sender email: lsellers@capitol-services.com Sender phone: 855-498-5500 Sender fax: 800-432-3622 Sender org: Capitol Services, Inc.

Subject: H24000067427

Max tries: 5

Try Interval: 600

Priority: 3

Pages: 5

Recipient fax: 850-617-6381

Recipient phone:

Recipient name:

Recipient org: FL SOS

Use cover page: true

Receipt: always

Print receipt: never

Print receipt printer:

Print receipt first page: false

Fax Page Size: auto

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COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: MSD Dental PLLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amanda Howard

Name of Person

Florida Healthcare Law Firm

Firm/Company

151 NW 1st Avenue

Address

Delray Beach, FL 33444

City/State and Zip Code

ahoward@floridahealthcarelawfirm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amanda Howard

561

455-7700

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

H24000067427

ARTICLE I - Name:

The name of the Limited Liability Company is:

MSD Dental 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:2832 Stirling Road, Suite C PMB #1086
Hollywood, FL 33020**Mailing Address:**2832 Stirling Road, Suite C PMB #1086
Hollywood, FL 33020**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:

THE LAW OFFICES OF JEFF COHEN, P.A.

Name

151 NW 1st AvenueFlorida street address (P.O. Box NOT acceptable)Delray Beach

FL

33444

City

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, 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 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 Chapter 605, F.S..

Amanda P. Howard

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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FEB 21 2024
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:AMBRMatthew Joseph Dillon
2832 Stirling Road, Suite C PMB #1086
Hollywood, FL 33020AMBRShantall Di Loreto Parra
2832 Stirling Road, Suite C PMB #1086
Hollywood, FL 33020

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____, (OPTIONAL)

(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 not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any.The purpose of this professional limited liability company is to engage in the practice of dentistry and all incidental acts necessary or convenient to carry out its purpose.**REQUIRED SIGNATURE:**/s/ Matthew Joseph Dillon**Signature of a member or an authorized representative of a member.**This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S./s/ Matthew Joseph Dillon

Typed or printed name of signee

Filing Fees:**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent****\$ 30.00 Certified Copy (Optional)****\$ 5.00 Certificate of Status (Optional)**FILED
FEB 2 2024
SECRETARY OF STATE
FLORIDA

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