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(Requestor's Name) (Address)	600426072386
(City/State/Zip/Phone #)	FILED 2024 HAR 21 AH 8: 31 SECTE THEY OF STATE FALLAHASSEE. FL
Special Instructions to Filing Officer:	RECEIVED 2024 MAR 21 PH 4: 11 ALLAHASSEE, FLORD

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### CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite I • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

### 491 SW PSL REAL ESTATE, LLC

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Please Debit FCA00000003 Fc	or: 125	-	
Thank you Seth Neeley			
Atta		Art of Inc. File	
		LFD Partnership File	
		Foreign Corp. File	
		L.C. File	
		Fictitious Name File	
		Trade/Service Mark	
		Merger File	
		Art. of Amend. File	
		RA Resignation	
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Walk-In Will Pic	ck Up	Courier	



#### COVER LETTER

TO: New Filing Section Division of Corporations

491 SW PSL REAL ESTATE, LLC

SUBJECT:

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:

WALTER H. MESSICK

Name of Person

GALVAN MESSICK, PLLC

Firm/Company

951 YAMATO RD., SUITE 250

Address

BOCA RATON, FL 33431

City/State and Zip Code

MESSICKW@GALVANMESSICK.COM

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

For further information concerning this matter, please call:

Tallahassee, FL 32314

WALTER H	. MESSICK at (	561	994-5955		(	
Nair	ne of Person	Area Code	Daytime Telephon	e Numbei	2024 HAR	
Enclosed is a check for t S125.00 Filing Fee	he following amount: □\$130.00 Filing Fee Certificate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160.00 File Certificate of 5 Certified Copy (additional copy	21 AH	
New F Divisi	<u>ig Address</u> filing Section on of Corporations 30x 6327		Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Stre	assec		

Tallahassee, FL 32303



#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE 1 - Name:

The name of the Limited Liability Company is:

#### 491 SW PSL REAL ESTATE, LLC

(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:	<u>Mailing Address</u> :
951 YAMATO ROAD	
SUITE 106	
BOCA RATON, FL 33431	

#### 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:

JORDAN S. TOMAL	.TY, DMD	
	Name	
951 YAMATO RD.	SUITE 106	
Florida street address	(P.O. Box <u>NOT</u> at	cceptable)
BOCA RATON	FL	33431
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.

Jordan consulty Mar 21, 2024 13 42 E019 Registered Agent's Signature (REQUIRED)

(CONTINUED)



ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	JORDAN S. TOMALTY, DMD 951 YAMATO RD. SUITE 106 BOCA RATON, FL 33431

(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. NOT APPLICABLE

#### REOUIRED SIGNATURE:

Jardan romult, (Mar 21, 7021 (3 42 EDT)	
Signature of a member or an authorized representative of a memb	her. AC
This document is executed in accordance with section 605.0203 (1) (b). Fle I am aware that any false information submitted in a document to the Depart	timent of State_
constitutes a third degree felony as provided for in s.817.155, F.S.	
JORDAN S. TOMALTY, DMD	5
Typed or printed name of signee	- SEE
Cilling Dama	
Filing Fees:	

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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

# Articles of Organization (unsigned) 3-21-24

**Final Audit Report** 

2024-03-21

Created: 2024-03-21	
By: Beverley West (bwest@galvanmessi	ck.com)
Status: Signed	
Transaction ID: CBJCHBCAABAAcez9vZibMpwlvDM	lbP4tYdVgmDlxD6yJ6

## "Articles of Organization (unsigned) 3-21-24" History

- Document created by Beverley West (bwest@galvanmessick.com) 2024-03-21 - 5:34:27 PM GMT- IP address: 99.12.240.161
- C. Document emailed to jt@tomaltydentalcare.com for signature 2024-03-21 - 5:34:52 PM GMT
- Email viewed by jt@tomaltydentalcare.com 2024-03-21 - 5:35:15 PM GMT- IP address: 166.205.159.36
- $\dot{\psi_0}$  Signer jt@tomaltydentalcare.com entered name at signing as Jordan Tomalty 2024-03-21 - 5:42:15 PM GMT- IP address: 166.205.159.36
- So Document e-signed by Jordan Tomalty (jt@tomaltydentalcare.com) Signature Date: 2024-03-21 - 5:42:17 PM GMT - Time Source: server- IP address: 166.205.159.36
- Agreement completed. 2024-03-21 - 5:42:17 PM GMT

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