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.

Electronic Filing Cover Sheet

(((H24000152120 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

· To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 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. **

Email Address:

FLORIDA LIMITED LIABILITY CO.

Sage Dental of Durbin Creek, PLLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	S155.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIM	ABILITY COMPANY

FILED

ARTICLE I - Name:

, Ta:

The name of the Limited Liability Company is:

2024 APR 26 PM 12: 52

Sage Dental of Durbin Creek, PLLC

TALLAHASSEE, FLORIDA

(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	6600 Congress Ave. Suite 150
Boca Raton, FL 33487	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 Sys	tem	
	Nino	
1200 South Pine Isla	nd Road	
Florida street addres	s (P.O. Box <u>NOT</u> acc	eptable)
Plantation	Florida	33324
Gb/	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 Fix 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 Aptr 605, ES

Meredith Hellwig, Assistant Secretary Registered Agent's Signature REQURED

(CONTINUED)

Title: "AMBR" = Authori: "MGR" = Manager	zed Member	Name and Address:		
<u>MGR</u>		Sage Dental Group of Florida, PLLC 6600 Congress Ave, Suite 150 Boca Raton, FL 33487		
	_			
(Use attachment if n	ecessary)			
f an effective date is listed, to date of filing.)	the date must be spe this block does not m	of filing: ceific and cannot be more than five busines neet the applicable statutory filing requirement of State's records.	ss days prior to or 90 day	
RTICLEVI: Other provisio rofessional Limited Liability	ns, ifany, / Company Purpose:	The practice of Dentistry		-
REOUIRED SIGN			TĂLLAH	
		David Marks	PR 2	
l am	document is execute aware that any false	mber or an authorized representative of a ed in accordance with section 605.0203 (1) information submitted in a document to the felony as provided for in s.817.155, F.S.	(b), Florida Statutes.	17
	David Marks, Aut	thorized Organizer	12: !	

Filing Fees:

Typed or printed name of signe

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

- \$ 30.00 Certified Copy (Optional)
- 5 5.00 Certificate of Status (Optional)