

L24000207427Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H24000167896 3)))



H240001678963ABCA

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 : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****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.
FLORIDIAN DENTAL AT FORT LAUDERDALE, PLLC**

| | |
|-----------------------|----------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$130.00 |

RECEIVED
2024 MAY -8 PM 4:06
FLORIDA DEPARTMENT OF
CORPORATIONS
COMMERCIAL
SERVICES

[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)

FILED
2024 MAY -8 PM 12:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Floridian Dental at Fort Lauderdale, PLLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

4542 North Federal Highway
Ft. Lauderdale, Florida 33308

Mailing Address:

4542 North Federal Highway
Ft. Lauderdale, Florida 33308

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:

Valentin Lopez c/o Lopez & Partners, LLC

Name

2600 Douglas Road, Suite 811

Florida street address (P.O. Box NOT acceptable)

Coral Gables, FL 33134

City, State, and 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 608, F.S.

Valentin Lopez

Registered Agent's Signature (REQUIRED)

FILED
2013 MAY -8 PM 12:32
SECRETARY OF STATE
ALLIANCE FLORIDA

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Larry Vinuela

9595 N. Kendall Drive, Suite 203

Miami, FL 33176

MGR

Kari M. Vinuela

9595 N. Kendall Drive, Suite 203

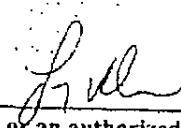
Miami, FL 33176

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 5/6/24 (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.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Larry Vinuela

Typed or printed name of signee

ARTICLE VI – PURPOSE:

A DENTAL PRACTICE PROVIDING PROFESSIONAL SERVICES