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From: David Thomas

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Florida Department of State
Division of Corporations
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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: metienne@mysagedental.com

SECRETARY OF STATE
ALLAHAMSEE, FLORIDA

2024 JUN 25 AM 10:52

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CORPORATIONS
COMMERCIAL
SERVICES

FLORIDA LIMITED LIABILITY CO.
Sage Dental of Eastside Orlando, PLLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

use original
submission 6/25/24
as filing date

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Sage Dental of Eastside Orlando, 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:

<u>Principal Office Address:</u>	<u>Mailing Address:</u>
<u>6600 Congress Ave, Suite 150</u>	<u>6600 Congress Ave, Suite 150</u>
<u>Boca Raton, FL 33487</u>	<u>Boca Raton, FL 33487</u>

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:

<u>CT Corporation System</u>		
Name		
<u>1200 Pine Island Road</u>		
Florida street address (P.O. Box <u>NOT</u> acceptable)		
<u>Plantation</u>	<u>Florida</u>	<u>33325</u>
City	State	Zip

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CLERK OF STATE
AT TALLAHASSEE, FLORIDA

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 ~~his~~ her 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~~ Chapter 605, FS.

Meredith Hellwig Meredith Hellwig, Assistant Secretary
Registered Agent's Signature ~~REQUIRED~~

(CONTINUED)

ARTICLE 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

MGR

Sage Dental Group of Florida, PLLC

6600 Congress Ave, Suite 150

Boca Raton, FL 33488

President

Cindy Roark

6600 Congress Ave, Suite 150

Boca Raton, FL 33488

(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.

Professional Limited Liability Company Purpose: the practice of Dentistry

REQUIRED SIGNATURE:

/s/ David Marks

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.

David Marks, Authorized Organizer

Typed or printed name of sign e

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)