

L24000318403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

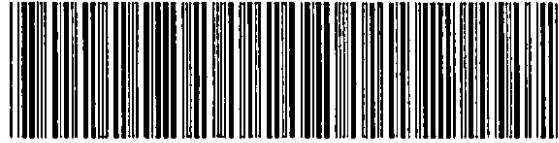
(Document Number)

Certified Copies _____

Certificates of Status _____

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CLAHASSEE, FL

RECEIVED

2024 JUL 19 PM 2:46

CLAHASSEE, FLORIDA

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau

850.656.7953

REQUEST DATE 7/19/2024

PRIORITY Regular Approval

OUR REF # (Order ID#) 1272717

ORDER ENTITY

SAS ENDODONTICS PLLC

PLEASE PERFORM THE FOLLOWING SERVICES:

SAS ENDODONTICS PLLC (FL)

New LLC filing

NOTES:

\$125.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "W6".

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TALLAHASSEE, FL
JUL 19 AM 9:47

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Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Articles of Organization
Of
Sas Endodontics PLLC

(Pursuant to section 608.407, Florida Statutes)

1. The name of the Limited Liability Company is: **Sas Endodontics PLLC**
2. The street address of the principal office of the Limited Liability Company is:

800 North Federal Highway, Suite 1005, Hallandale Beach, FL 33009

3. The mailing address of the Limited Liability Company is:

800 North Federal Highway, Suite 1005, Hallandale Beach, FL 33009

4. The name and address of the registered agent is as follows:

Geoff Sas, 800 North Federal Highway, Suite 1005, Hallandale Beach, FL 33009

5. The period of duration for the Limited Liability Company shall be perpetual.

6. The Limited Liability Company is to be managed by the **members**. The names and addresses of such **members** are as follows:

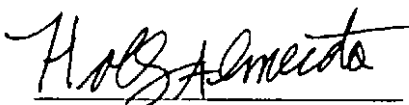
Geoff Sas, 800 North Federal Highway, Suite 1005, Hallandale Beach, FL 33009

7. The purpose for which the company is formed:

The Professional Limited Liability Company will engage in the business of providing professional Dentistry services.

In Witness Whereof, 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.

Dated: July 19, 2024



Holly Almeida
Accumera LLC
Authorized Representative

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2024 JUL 19 AM 9:47
CLERK OF DISTRICT COURT
HALLANDALE BEACH, FLORIDA

Acceptance of Appointment as Registered Agent
of

Sas Endodontics PLLC

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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Dated: **July 19, 2024**

Geoff Sas
Geoff Sas, Registered Agent

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CLERK OF DISTRICT COURT
JULIA SSEE, FL