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Division of Corporations

Florida Department of State

Division of Corporations

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From:

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Account Number : 075500004387
Phone : (813)229-7600
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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FLORIDA LIMITED LIABILITY CO.

Knellinger Dental Consultants, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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**ARTICLES OF ORGANIZATION
FOR
KNELLINGER DENTAL CONSULTANTS, LLC**

ARTICLE I – Name:

The name of the Limited Liability Company is **Knellinger Dental Consultants, LLC.**

ARTICLE II – Address:

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

1970 Bee Pond Road
Palm Harbor, Florida 34683

ARTICLE III – Manager:

The Limited Liability Company will be manager-managed. The name, title and address of the managers authorized to manage and control the Limited Liability Company are:

Title	Name and Address
MGR:	Dan Knellinger 1970 Bee Pond Road Palm Harbor, Florida 34683
MGR:	Jennifer Knellinger 1970 Bee Pond Road Palm Harbor, Florida 34683

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ARTICLE IV – Indemnification:

The Limited Liability Company shall, to the full extent permitted by Section 605.0408, of the Florida Statutes, as amended from time to time, indemnify all persons whom it may indemnify pursuant thereto. The indemnification provided by this Article IV shall not limit or exclude any rights, indemnities or limitations of liabilities to which any person may be entitled, whether as a matter of law, under the regulations of the limited liability company, by agreement or otherwise.

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ARTICLE V - Registered Agent and Registered Address

The name and the street address of the registered agent are:

Jill K. Schmidt, Esq.
Shumaker, Loop & Kendrick, LLP
101 East Kennedy Boulevard
Suite 2800
Tampa, Florida 33602

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 10th day of September, 2024.

(DocuSigned by:

ED7EE0740934027
Signature of an authorized representative of a member

(In accordance with Section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided in section 817.155, Florida Statutes.)

Jennifer Knellinger
Typed or printed name of signer

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF CHAPTER 605, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is **KNELLINGER DENTAL CONSULTANTS, LLC.**
2. The name and the Florida street address of the registered agent are:

Jill K. Schmidt, Esq.
Shumaker, Loop & Kendrick, LLP
101 East Kennedy Boulevard
Suite 2800
Tampa, Florida 33602

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.

Signed by
Jill K. Schmidt
Jill K. Schmidt, Esq.
Registered Agent

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