

U2410000439287

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

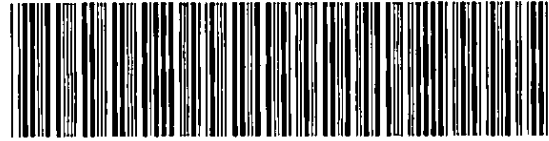
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600438061026

2024 OCT 16 PM 3:47

RECEIVED
2024 OCT 16 PM 3:32
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Florida Dental School, LLC

Please Debit FCA000000003 For: 125

Thank you Seth Neeley



2024 OCT 16 PM 5:47

| | |
|-------|-------------------------------------|
| _____ | Art of Inc. File_____ |
| _____ | LTD Partnership File_____ |
| _____ | Foreign Corp. File_____ |
| _____ | L.C. File_____ |
| _____ | Fictitious Name File_____ |
| _____ | Trade/Service Mark_____ |
| _____ | Merger File_____ |
| _____ | Art. of Amend. File_____ |
| _____ | RA Resignation_____ |
| _____ | Dissolution / Withdrawal_____ |
| _____ | Annual Report / Reinstatement_____ |
| _____ | Cert. Copy_____ |
| _____ | Photo Copy_____ |
| _____ | Certificate of Good Standing_____ |
| _____ | Certificate of Status_____ |
| _____ | Certificate of Fictitious Name_____ |
| _____ | Corp Record Search_____ |
| _____ | Officer Search_____ |
| _____ | Fictitious Search_____ |
| _____ | Fictitious Owner Search_____ |
| _____ | Vehicle Search_____ |
| _____ | Driving Record_____ |
| _____ | UCC 1 or 3 File_____ |
| _____ | UCC 11 Search_____ |
| _____ | UCC 11 Retrieval_____ |
| _____ | Courier_____ |

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY
Florida Dental School, LLC**

ARTICLE I - NAME

The name of the limited liability company is **Florida Dental School, LLC**.

ARTICLE II - ADDRESS

The mailing address of the principal office of the limited liability company is 2620 48th Avenue West, Bradenton, FL 34207. The street address of the principal office of the limited liability company is 2620 48th Avenue West, Bradenton, FL 34207.

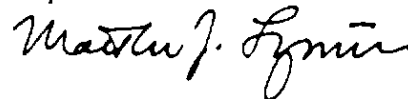
**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE AND
REGISTERED AGENT'S ACCEPTANCE**

The name and address of the registered agent and office is:

Blalock Walters, P.A.
802 11th Street West
Bradenton, Florida 34205

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, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relative to the proper and complete performance of such duties, and is familiar with and accepts the obligations of the position as registered agent as provided for in Chapter 605, Florida Statutes.

Blalock Walters, P.A., a professional corporation

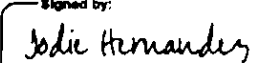


By: _____
Matthew Lapointe, Principal

ARTICLE IV - MANAGEMENT

The limited liability company is to be manager-managed. The initial manager shall be Jodie Hernandez. The manager's address is 2620 48th Avenue West, Bradenton, FL 34207.

The undersigned, an authorized representative of a member, executes these Articles of Organization in accordance with Section 605.0203(1)(b), Florida Statutes, and verifies, subject to penalties of perjury, the statements contained herein are true, this October 7, 2024.

Signed by:


Jodie Hernandez, Auth. Rep.