

L24000477477

(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



600434825606

CLERK OF STATE
TALLAHASSEE, FL

2024 NOV 13 AM 9:47

FILED

CLERK OF STATE
TALLAHASSEE, FL 32302

2024 NOV 13 PM 3:03

RECEIVED


CAPITAL CONNECTION, INC.

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

OCOE COMPREHENSIVE DENTISTRY LLC

Please Debit FCA000000003 For: 125

Thank you Seth Neeley



Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

171 Pender's Printing • Tallahassee, FL 32301

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 _____

TALLAHASSEE, FL

2024 NOV 18 AM 9:47

FILED

ARTICLES OF ORGANIZATION
OF
OCOEE COMPREHENSIVE DENTISTRY LLC

The undersigned hereby certify that we have associated ourselves together for the purpose of becoming a limited liability company under the laws of the State of Florida, providing for the formation, rights, privileges and immunities of limited liability companies for profit and hereby adopt the following Articles of Organization for such limited liability company:

ARTICLE I
NAME AND PRINCIPAL OFFICE

The name of this limited liability company is Ocoee Comprehensive Dentistry LLC, and its principal office and mailing address is located at 15820 Dora Avenue, Suite A, Tavares, FL 32778.

ARTICLE II
DURATION

The existence of this limited liability company shall be perpetual, commencing upon the filing of the Articles of Organization by the Florida Department of State.

ARTICLE III
PURPOSE

The purpose of this limited liability company is to engage in any activity or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV
MANAGER MANAGED

The limited liability company will be manager managed and the name and address of the managers authorized to manage and control the limited liability company are:


Manager: Timothy J. Pruett of 15820 Dora Avenue, Suite A, Tavares, FL 32778

Manager: Heather Pruett of 15820 Dora Avenue, Suite A, Tavares, FL 32778

ARTICLE V
INITIAL REGISTERED OFFICE AND AGENT

The initial registered office of this limited liability company shall be located at 15820 Dora Avenue, Suite A, Tavares, FL 32778, and the initial registered agent of the limited liability company at that address shall be Timothy J. Pruett.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization for this limited liability company this 6th day of November, 2024.



TIMOTHY J. PRUETT

CLERK OF STATE
TALLAHASSEE, FL

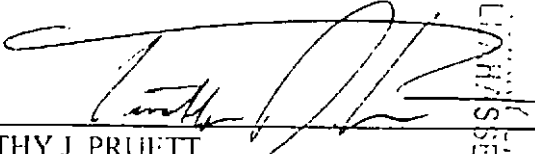
2024 NOV 13 AM 9:47

FILED

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

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 605, F.S.

Dated this 6th day of November, 2024.


TIMOTHY J. PRUETT
15820 Dora Avenue, Suite A
Tavares, FL 32778

STATE
TALLAHASSEE, FL

2024 NOV 13 AM 9:47

FILED