## WV513780

(R	equestor's Name)	<u> </u>
(A	.ddress)	
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(C	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	dusiness Entity Name)	
(C	Occument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

If there are any issues
please contact Cheyanne at
850-202-1882

Date:12/09/2024	
Name: Cheyanne Davis	
Reference #:	. ~2
Entity Name: HERMAN SINGH DMD, PLLC	2024 DEC
<ul> <li>☐ Articles of Incorporation/Authorization to Transact Business</li> <li>☐ Amendment</li> <li>☐ Change of Agent</li> <li>☐ Reinstatement</li> <li>☐ Conversion</li> </ul>	EC 11 611 9: 47
☐ Merger	
☐ Dissolution/Withdrawal ☐ Fictitious Name	
Other	
Authorized Amount: \$ 125.00 Signature: Chuyme Paine	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	D'	ľΤ	$^{\circ}$	LE I	I _	N .	me

The name of the Limited Liability Company is:

## HERMAN SINGH DMD 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:

City

<u>Principal</u>	Office Address:		Mailing A	ddress:	
	orida Ave S	34	136 Florida		
	te 100		Suite 10	·	
Lakeland	I, FL 33803	La	keland, FL	33803	~
ARTICLE III - Registered Agent (The Limited Liability Company coanother business entity with an act The name and the Florida street ad	innot serve as its own Regis ive Florida registration.)	stered Agent. You must		HASS	2024 DEC 11 AN
	Cogen	icy Global Inc.		į·i	
	Nan	ne		<u>انت</u> ا	4.6
	115 North Ca	ilhoun Street, Suite 4		- 17:	
	Florida street address (P.O	. Box <u>NOT</u> acceptable	)	-	
,	Tallahassee	Florida	32301	_	

State

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..

Registered Agent's Signature (REQUIRED)

Zip

Cogency Global Inc. - Tracy Giumarra, Assistant Secretary

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR = Manager MGR	Dr. Herman Singh
- MOIX	DI. Herman Cindii
<del></del>	- <del> </del>
<del></del>	
	<del></del>
(Use attachment if necessary)	j.
·	ي جراني
E V: Effective date, if other than the date of filirective date is listed, the date must be specific a	ng: (OPTIONAE) and cannot be more than five business days prior to or 90
E V: Effective date, if other than the date of filir active date is listed, the date must be specific a filing.) the date inserted in this block does not meet the nent's effective date on the Department of State E VI: Other provisions, if any.	e applicable statutory filing requirements, this date will not
E V: Effective date, if other than the date of filir ective date is listed, the date must be specific a filing.) the date inserted in this block does not meet the nent's effective date on the Department of State	e applicable statutory filing requirements, this date will not
EV: Effective date, if other than the date of filir ective date is listed, the date must be specific a filing.) the date inserted in this block does not meet the nent's effective date on the Department of State EVI: Other provisions, if any.	e applicable statutory filing requirements, this date will not
E V: Effective date, if other than the date of filir ective date is listed, the date must be specific a f filing.) the date inserted in this block does not meet the nent's effective date on the Department of State E VI: Other provisions, if any.  ganized for the practice of dentistry.  REQUIRED SIGNATURE:	e applicable statutory filing requirements, this date will not e's records.
E V: Effective date, if other than the date of filir ctive date is listed, the date must be specific a filing.) the date inserted in this block does not meet the nent's effective date on the Department of State VI: Other provisions, if any.  ganized for the practice of dentistry.  Signature of a member of This document is executed in a I am aware that any false inform	e applicable statutory filing requirements, this date will not e's records.  of an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes, mation submitted in a document to the Department of State
E V: Effective date, if other than the date of filir ctive date is listed, the date must be specific a filing.) the date inserted in this block does not meet the nent's effective date on the Department of State VI: Other provisions, if any.  ganized for the practice of dentistry.  Signature of a member of This document is executed in a I am aware that any false inform	e applicable statutory filing requirements, this date will not e's records.  of an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)