

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

Handwritten: H.A. 8-28

H25000006989

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations
 Fax Number : (850)617-6381

From: Account Name : CAPITOL SERVICES, INC.
 Account Number : I20160000017
 Phone : (855)498-5500
 Fax Number : (800)432-3622

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
 PDC CLINICAL LEASING COMPANY, PLLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

RECEIVED

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TALLAHASSEE, FL

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 DIVISION OF CORPORATIONS

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COVER LETTER

H25000006989

**TO: New Filing Section
Division of Corporations**

SUBJECT: PDC Clinical Leasing Company, PLLC
Name of Limited Liability Company

The enclosed Articles of Organization and fcc(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lisa Murphy, Paralegal
Name of Person

Dykema Gossett PLLC
Firm/Company

112 E. Pecan Street, Suite 1800
Address

San Antonio, Texas 78205
City/State and Zip Code

pdclinical@pediatricdentalcenters.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Murphy 210 554-5317
Name of Person at () Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fcc
- \$130.00 Filing Fcc & Certificate of Status
- \$155.00 Filing Fcc & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fcc, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
 New Filing Section
 Division of Corporations
 P.O. Box 6327
 Tallahassee, FL 32314

Street Address
 New Filing Section Division
 The Centre of Tallahassee
 2415 N. Monroe Street, Suite 810
 Tallahassee, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name:

The name of the Limited Liability Company is:

PDC Clinical Leasing Company, 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:

Principal Office Address:

Mailing Address:

2645 Douglas Rd., Suite 703

Miami, Florida 33133

2645 Douglas Rd., Suite 703

Miami, Florida 33133

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Enrique Acosta, DDS

Name

2645 Douglas Rd., Suite 703

Florida street address (P.O. Box **NOT** acceptable)

Miami

Florida

33133

City

State

Zip

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..

Designated by:

Registered Agent's Signature (REQUIRED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Enrique Acosta, DDS
2645 Douglas Rd., Suite 703
Miami, Florida 33133

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)


(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

The purpose of the Limited Liability Company is to provide dental services through licensed dentists and other dental professionals.

REQUIRED SIGNATURE:

Designated by:


Signature of a member, officer, partner or representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Enrique Acosta, DDS

Typed or printed name of signee

Filing Fees:

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

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 ORGANIZATIONS

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