

**12500006998**  
 Florida Department of State  
 Division of Corporations  
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To:

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

From:

Account Name : REGISTERED AGENTS INC.  
 Account Number : I20090000081  
 Phone : (307)200-2803  
 Fax Number : (813)436-5206

**\*\*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.  
 AMPERSAND DENTISTRY, PLLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

**RECEIVED**  
 2025 JAN -7 AM 11:02  
 FLORIDA DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

**FILED**  
 2025 JAN -7 AM 11:10  
 FLORIDA DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

AMPERSAND DENTISTRY, 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:

7901 4th St N  
STE 300  
St. Petersburg, FL 33702

Mailing Address:

7901 4th St N  
STE 300  
St. Petersburg, FL 33702

## ARTICLE III - Registered Agent, Registered Office, &amp; 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.)

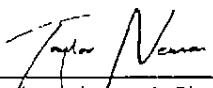
The name and the Florida street address of the registered agent are:

Northwest Registered Agent LLC  
 Name

7901 4th St N STE 300  
 Florida street address (P.O. Box **NOT** acceptable)

<u>St. Petersburg</u>	<u>FL</u>	<u>33702</u>
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..*

  
 Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

AHMED SAMAVIA  
7901 4th St N STE 300  
St. Petersburg, FL 33702

\_\_\_\_\_

\_\_\_\_\_

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

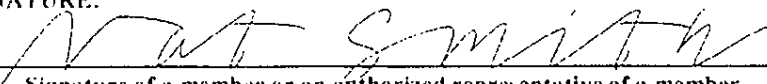
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**REQUIRED SIGNATURE:**



Signature of a member or an authorized 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.

Nat Smith

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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 DEPARTMENT OF STATE  
 TALLAHASSEE, FL

THE AREAS OF PROFESSIONAL SERVICES OF THE LIMITED LIABILITY COMPANY ARE AS FOLLOWS:

(a) TO PROVIDE DENTAL SERVICES AND ANCILLARY SERVICES RELATED THERETO BY AND THROUGH ITS MEMBERS, MANAGERS, OFFICERS, EMPLOYEES, AND AGENTS WHO ARE DULY LICENSED AND OTHERWISE LEGALLY AUTHORIZED TO RENDER SUCH DENTAL SERVICES WITHIN THE STATE OF FLORIDA.

(b) TO ENGAGE IN EVERY ASPECT AND PHASE OF THE PRACTICE OF DENTISTRY AND THE PERFORMANCE OF SERVICES ANCILLARY THERETO THAT ARE CUSTOMARILY PERFORMED BY LICENSED DENTISTS AND RELATED STAFF UNDER THE LAWS OF THE STATE OF FLORIDA AND IN ACCORDANCE WITH CHAPTER 621 OF THE FLORIDA STATUTES.

(c) TO OWN AND OR LEASE REAL AND PERSONAL PROPERTY, AND TO USE, OPERATE, MAINTAIN, REMODEL, IMPROVE, AND GENERALLY DEAL WITH AND IN THE SAME, AND ANY APPURTENANCES CONVENIENT, DESIRABLE, OR NECESSARY IN THE CONDUCT AND OPERATION OF THE LAWFUL BUSINESS OF THE LIMITED LIABILITY COMPANY.

(d) TO DO ALL AND EVERYTHING NECESSARY OR PROPER FOR THE ACCOMPLISHMENT OF THE OBJECTIVES AND PURPOSES OF THE LIMITED LIABILITY COMPANY AS DETERMINED BY ITS MEMBERS IN THEIR DISCRETION, AND CONSISTENT WITH THE LAWS OF THE STATE OF FLORIDA, OR AS NECESSARY OR INCIDENTAL TO THE PROTECTION AND BENEFIT OF THE LIMITED LIABILITY COMPANY, AND IN GENERAL TO CARRY ON ANY LAWFUL BUSINESS, EITHER AS PRINCIPAL, AGENT, CONTRACTOR, OR OTHERWISE, EITHER ALONE OR IN CONJUNCTION WITH ANY OTHER PERSONS, FIRMS, ASSOCIATIONS, CORPORATIONS, OR OTHER ENTITIES, BOTH WITHIN AND OUTSIDE THE STATE OF FLORIDA, TO THE SAME EXTENT AS NATURAL PERSONS LAWFULLY MIGHT OR COULD DO, INSOFAR AS THE ACTS MAY BE PERMITTED TO BE DONE BY A PROFESSIONAL SERVICE LIMITED LIABILITY COMPANY ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA.

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STATE OF FLORIDA