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William C. Knapke
Requestor's Name
240 N. New York Ave.
Address
DeLand, FL 32724
City/State/Zip Phone #

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-10/15/98-01090--005
****285.00 ****285.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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98 OCT 16 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is:

Dental Arts of America, LLC

ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

240 East New York Ave.
DeLand, FL 32724

ARTICLE III – Duration:

The period of duration for the Limited Liability Company shall be:

Filing date until September 30, 2028

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ARTICLE IV – MANAGEMENT:

(Check the appropriate line and complete the statement)

 The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

☒ The Limited Liability Company is to be managed by the members and the names and addresses of the managing members are:

Dr. Bill Knapke, D.D.S
240 East New York Ave.
DeLand, FL 32724

Rebecca Adams
2694 Harry Ave.
Orange, FL 32763

Water Works Family Trust
1520 E. Wisconsin Ave.
Orange City, FL. 32763

ARTICLE V – Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

Unless and until admitted as a Member of the Company, the transferee of a Membership Interest shall not be entitled to any of the rights, powers, or privileges of a Member, except that the transferee shall be entitled to receive the distributions and allocations to which the Member would be entitled but for the transfer of his Membership Interest.

In the case of a person acquiring a Membership Interest after the admission of Initial Members, the person shall only be admitted to Membership in the sole and exclusive discretion of the Managers and upon compliance with all the terms specified by the Managers, including but not limited to such additional Member's execution of and becoming a party to this Agreement.

ARTICLE VI – Members Rights to Continue Business:

The right, if given, of the remaining members of the Limited Liability Company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

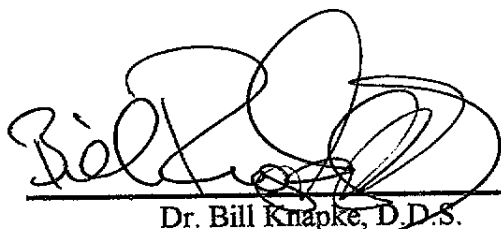
That additional members may be added, in accordance with the laws of the State of Florida, and continue the operation of this LLC, in accordance with the laws of the State of Florida, for the remaining life of this LLC as set forth in the Operating Agreement.

ARTICLE VII – Affidavit of Membership and Contributions

The undersigned member Dr. Bill Knapke, D.D.S certifies:

- 1) the above named Limited Liability Company has at least two members;
- 2) the total amount of cash contributed by the members is
- 3) if any, the agreed value of the property other than cash contributed by members is
(A description of the property is attached and made a part hereto.); and
- 4) the total amount of cash and property contributed and anticipated to be contributed by members is
\$300.00.

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Dr. Bill Knapke, D.D.S.

Filing Fee: \$250.00 for Articles and Affidavit

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

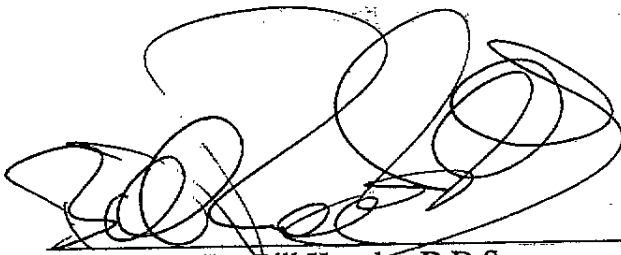
Dental Arts of America, LLC

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

Dr. Bill Knapke, D.D.S
240 East New York Ave.
DeLand, FL 32724

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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.



Dr. Bill Knapke, D.D.S

Filing Fee: \$35 for Designation of Registered Agent