

# L 990000001359



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CORPORATION NAME(S) AND DOCUMENT NUMBER(S) (if known):

Kussick Orthodontic Systems LLC

L-99-1359

☐ Walk In

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### RUSH

☐ Certified Copy

☐ Certificate of Status

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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
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REGISTRATION/QUALIFICATION	
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<input type="checkbox"/>	Reinstatement
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<input checked="" type="checkbox"/>	Other <u>LLC</u>

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Ordered By: \_\_\_\_\_

Date: \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

January 28, 1999

UCC FILING & SEARCH

SUBJECT: KUSSICK ORTHODONTIC SYSTEMS, L.L.C.  
Ref. Number: W99000002209

**RUSH**

*Resubmitted*

We have received your document for KUSSICK ORTHODONTIC SYSTEMS, L.L.C. and your check(s) totaling \$285.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407(1)(e), Florida Statutes, requires the articles of organization to set forth the right, if given, of the members to admit additional members and the terms and conditions of the admissions. Reference to the operating agreement/regulations is not sufficient.

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline  
Document Specialist

Letter Number: 199A00003864

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**ARTICLES OF ORGANIZATION  
OF  
KUSSICK ORTHODONTIC SYSTEMS, L.L.C.**

**THE UNDERSIGNED**, being legal age and in order to form a Limited Liability Company under and pursuant to Section 608.407 of the Florida Statutes, does hereby adopt the following Articles of Organization:

**FIRST:** The name of the Limited Liability Company is

**KUSSICK ORTHODONTIC SYSTEMS, L.L.C.**

**SECOND:** The principal place of business of this Limited Liability Company which shall also serve as the mailing address of the Limited Liability Company shall be located at the following address:

3884 Clipper Cove Drive  
Naples, Florida 34112

**THIRD:** The period of duration for the Limited Liability Company shall be thirty (30) years.

**FOURTH:** The management of the Limited Liability Company is vested in a member or member(s) and the name(s) and address(es) of the managing member(s) shall be:

Leon Kussick  
3884 Clipper Cove Drive  
Naples, Florida 34112

**FIFTH:** The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be upon approval of a vote of a majority in interest of the existing members and shall be in accordance with the Operating Agreement of this Limited Liability Company.

**SIXTH:** The business of the Limited Liability Company shall continue upon disassociation of any of its members, who shall conduct such business on behalf of the Limited Liability Company as is delegated to them by the members and the Limited Liability Company shall be operated by one or more managers, elected by the members, who shall conduct such business on behalf of the Limited Liability Company as is delegated to them by the members.

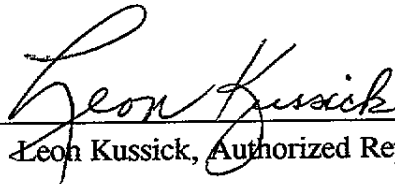
## AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

SEVENTH: The undersigned member or authorized representative of a member of KUSSICK ORTHODONTIC SYSTEMS, L.L.C. certifies as follows:

- a. The above named Limited Liability Company has at least one member; and
- b. The total amount of cash contributed by the member(s) is \$500.00; and
- c. If any, the agreed value of property other than cash contributed by member(s) is Not Applicable (a description of the property is attached and made a part hereto); and
- d. The total amount of cash and property contributed and anticipated to be contributed by the member(s) is \$500.00.

### EXECUTION

IN WITNESS WHEREOF, the undersigned, in accordance with Section 608.408(3) of the Florida Statutes, hereby affirms under the penalties of perjury that the facts stated herein are true on this 30 day of December, 1998.

  
Leon Kussick, Authorized Representative

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CERTIFICATE OF DESIGNATION  
OF  
REGISTERED AGENT AND REGISTERED OFFICE  
OF  
KUSSICK ORTHODONTIC SYSTEMS, L.L.C.

Pursuant to the provisions of Section 608.415 or 608.507 of the Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a registered office and registered agent in the State of Florida:

FIRST: The name of the Limited Liability Company is

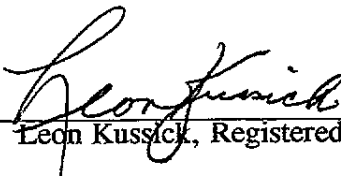
KUSSICK ORTHODONTIC SYSTEMS, L.L.C.

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

Leon Kussick  
3884 Clipper Cove Drive  
Naples, Florida 34112

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in these Articles of Organization, I hereby accept the appointment as registered agent and agree to act in this capacity, and I further agree to comply with the provisions of all Statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the duties and obligations of my position as registered agent.

DATED: December 30, 1998.



Leon Kussick, Registered Agent