

MI30VVVVU0626

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

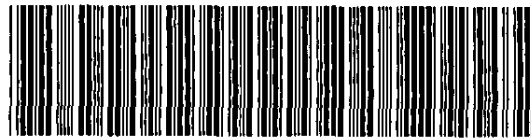
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

FEB - 7 2013

B. KOHR



300241895133

02/05/13--01015--007 \*\*130.00

FILED  
13 JAN 30 PM 3:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Julia Jones-McGohan Dental Practice Management, LLC  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Julia Jones-McGohan

Name of Person

Julia Jones-McGohan Dental Practice Management, LLC

Firm/Company

10627 SW West Park Avenue

Address

Port Saint Lucie, FL 34987

City/State and Zip Code

julie mm0115@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sharon Mack

Name of Person

at ( 772 ) 879-9770

Area Code & Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

FILED  
JAN 30 PM 3:27  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. Julia Jones-McGohan Dental Practice Management, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. Missouri

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 46-1537767

(FEI number, if applicable)

4. October 31, 2012

(Date of Organization)

5. Perpetual

(Duration: Year limited liability company will cease to exist or "perpetual")

6. \_\_\_\_\_

(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 10627 SW West Park Avenue

Port Saint Lucie, FL 34987

(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:

Julia Jones-McGohan, 10627 SW West Park Avenue, Port St Lucie, FL

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: \_\_\_\_\_

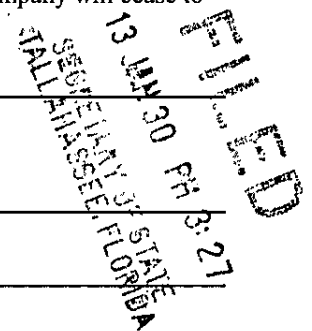
Dental management consulting

Julia Jones-McGohan  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Julia Jones-McGohan

Typed or printed name of signer



**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:

Julia Jones-McGohan Dental Practice Management, LLC

If unavailable, the alternate to be used in the state of Florida is:

\_\_\_\_\_

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

Julia Jones-McGohan

(Name)

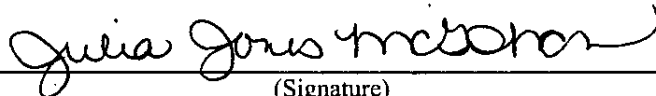
745 SW West Park Avenue

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Port Saint Lucie FL 34987

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 608, Florida Statutes.*



(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

# State of Missouri



Robin Carnahan  
Secretary of State

## CERTIFICATE OF ORGANIZATION

WHEREAS,

*Julia Jones-McGohan Dental Practice Management, LLC*  
*LC1266460*

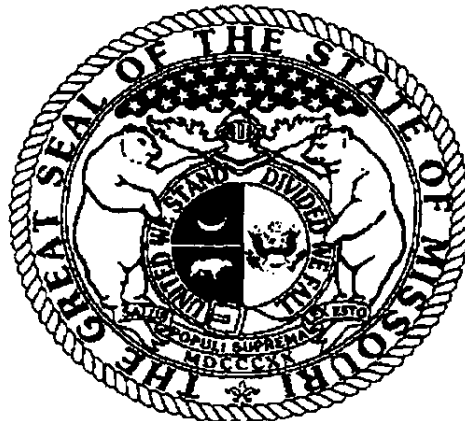
filed its Articles of Organization with this office on the October 31, 2012, and that filing was found to conform to the Missouri Limited Liability Company Act.

NOW, THEREFORE, I, ROBIN CARNAHAN, Secretary of State of the State of Missouri, do by virtue of the authority vested in me by law, do certify and declare that on the October 31, 2012, the above entity is a Limited Liability Company, organized in this state and entitled to any rights granted to Limited Liability Companies.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this October 31, 2012.

*Robin Carnahan*

Secretary of State





**State of Missouri**  
**Robin Carnahan, Secretary of State**

File Number: 201230580396

LC1266460

Date Filed: 10/31/2012

Effective Date: 11/01/2012

Robin Carnahan

Secretary of State

## Articles of Organization

1. The name of the limited liability company is:

**Julia Jones-McGohan Dental Practice Management, LLC**

2. The purpose(s) for which the limited liability company is organized:

**To provide Dental practice management and coaching to Dentists and Dental Offices**

3. The name and address of the limited liability company's registered agent in Missouri is:

**Julia A. Jones-McGohan**

**5125 Frederick Blvd, St Joseph MO 64501**

*Name*

*Address*

4. The management of the limited liability company is:

☐

Manager

☒

Member

5. The duration (period of existence) for this limited liability company is:

**Death of member**

6. The name(s) and street address(es) of each organizer:

**Julia A. Jones-McGohan, 5125 Frederick Blvd, St Joseph MO 64501**

7. The effective date of this document is:

**11/01/2012**

**In Affirmation thereof, the facts stated above are true and correct:**

(The undersigned understands that false statements made in this filing are subject to the penalties provided under Section 575.040, RSMo)

**Julia A. Jones-McGohan**

*(Organizer Name)*

Att: Buck Kohr

CR215027 (9/10)

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Julia Jones-McGohan Dental Practice Management, LLC  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Julia Jones-McGohan

Name of Person

Julia Jones-McGohan Dental Practice Management, LLC

Firm/Company

10627 SW West Park Avenue

Address

Port Saint Lucie, FL 34987

City/State and Zip Code

julie mm0115@aol.com

E-mail address: (to be used for future annual report notification)

**COPY**

FILED  
13 JAN 30 PM 3:27  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

For further information concerning this matter, please call:

Sharon Mack

Name of Person

at ( 772 ) 879-9770

Area Code & Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN  
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Julia Jones-McGohan Dental Practice Management, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written  
consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability  
Company," "L.L.C.," "LLC.")

2. Missouri

(Jurisdiction under the law of which foreign limited liability  
company is organized)

3. 46-1537767

(FEI number, if applicable)

4. October 31, 2012

(Date of Organization)

5. Perpetual

(Duration: Year limited liability company will cease to  
exist or "perpetual")

6.

(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 10627 SW West Park Avenue

Port Saint Lucie, FL 34987

(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:

Julia Jones-McGohan, 10627 SW West Park Avenue, Port St Lucie, FL

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in  
the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a  
translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida:

Dental management consulting

Julia Jones-McGohan

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the  
penalties of perjury that the facts stated herein are true. 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.)

Julia Jones-McGohan

Typed or printed name of signee

FILED  
JAN 30 PM 3:27  
TALLAHASSEE, FLORIDA  
COPY



**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:

Julia Jones-McGohan Dental Practice Management, LLC

If unavailable, the alternate to be used in the state of Florida is:

\_\_\_\_\_

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

Julia Jones-McGohan

(Name)

745 SW West Park Avenue

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Port Saint Lucie

FL 34987

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 608, Florida Statutes.*

Julia Jones McGohan

(Signature)

\$ 100.00

Filing Fee for Application

\$ 25.00

Designation of Registered Agent

\$ 30.00

Certified Copy (optional)

\$ 5.00

Certificate of Status (optional)

**COPY**

# State of Missouri



Robin Carnahan  
Secretary of State

## CERTIFICATE OF ORGANIZATION

COPY

WHEREAS,

*Julia Jones-McGohan Dental Practice Management, LLC*  
LC1266460

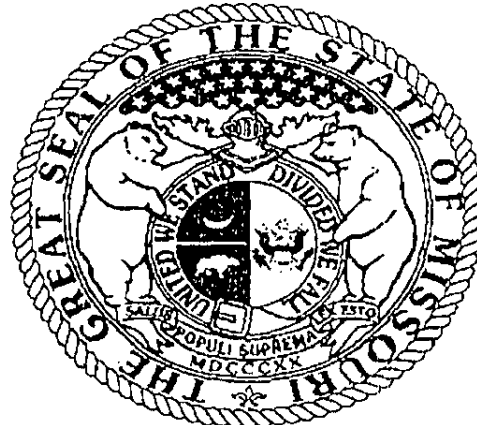
filed its Articles of Organization with this office on the October 31, 2012, and that filing was found to conform to the Missouri Limited Liability Company Act.

NOW, THEREFORE, I, ROBIN CARNAHAN, Secretary of State of the State of Missouri, do by virtue of the authority vested in me by law, do certify and declare that on the October 31, 2012, the above entity is a Limited Liability Company, organized in this state and entitled to any rights granted to Limited Liability Companies.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this October 31, 2012.

*Robin Carnahan*

Secretary of State





**State of Missouri**  
**Robin Carnahan, Secretary of State**

File Number: 201230580396

LC1266460

Date Filed: 10/31/2012

Effective Date: 11/01/2012

Robin Carnahan  
Secretary of State

## Articles of Organization

1. The name of the limited liability company is:

Julia Jones-McGohan Dental Practice Management, LLC

2. The purpose(s) for which the limited liability company is organized:

To provide Dental practice management and coaching to Dentists and Dental Offices

3. The name and address of the limited liability company's registered agent in Missouri is:

Julia A. Jones-McGohan

5125 Frederick Blvd, St Joseph MO 64501

*Name*

*Address*

4. The management of the limited liability company is:

☐ Manager

☒ Member

5. The duration (period of existence) for this limited liability company is:

Death of member

6. The name(s) and street address(es) of each organizer:

Julia A. Jones-McGohan, 5125 Frederick Blvd, St Joseph MO 64501

7. The effective date of this document is:

11/01/2012

**In Affirmation thereof, the facts stated above are true and correct:**

(The undersigned understands that false statements made in this filing are subject to the penalties provided under Section 575.040, RSMo)

Julia A. Jones-McGohan

*(Organizer Name)*

**COPY**