

L14000055845

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H14000081419 3)))



H140000814193ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : GASSMAN & ASSOCIATES, P.A.
 Account Number : 075350000514
 Phone : (727)442-1200
 Fax Number : (727)443-5829

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 14 APR -4 PM 4:30
 FILED

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.
BELLA SMILE DENTISTRY OF PINELLAS COUNTY, P.L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

RECEIVED

14 APR -4 PM 4:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu

Help
14 APR 7:40:14

Audit Fax #: H140000814193

**ARTICLES OF ORGANIZATION
OF
BELLA SMILE DENTISTRY OF PINELLAS COUNTY, P.L.L.C.,
a Florida Professional Limited Liability Company**

**ARTICLE I
NAME:**

The name of this Professional Limited Liability Company is BELLA SMILE DENTISTRY OF PINELLAS COUNTY, P.L.L.C. (the "Company").

**ARTICLE II
ADDRESS:**

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

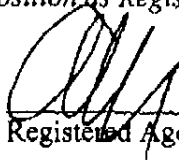
4503 West Lambright Street
Tampa, FL 33614

**ARTICLE III
REGISTERED AGENT, REGISTERED OFFICE, &
REGISTERED AGENT'S SIGNATURE:**

The name and the Florida street address of the Registered Agent are:

ALAN S. GASSMAN, ESQ.
1245 Court Street, Suite 102
Clearwater, FL 33756

Having been named as Registered Agent and to accept service of process for the above stated professional 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)

FILED
14 APR -4 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Alan S. Gassman, Esquire
1245 Court Street, Suite 102
Clearwater, FL 33756
(727) 442-1200
Florida Bar # 371750

Audit Fax #: H140000814193

Audit Fax #: H140000814193

**ARTICLE IV
MANAGER(S) OR MANAGING MEMBER(S):**

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
MGR, AMBR	RUBEN BOLTELLO, D.M.D. 4503 West Lambright Street Tampa, FL 33614

**ARTICLE V
ADMISSION OF NEW MEMBERS:**

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

The manager may admit new members in its sole and unfettered discretion subject only to the condition that such additional member must agree in writing to be bound as a member by the Operating Agreement of the Company.

**ARTICLE VI
MEMBERS RIGHTS TO CONTINUE BUSINESS:**

The right, if given, of the remaining members of the professional 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 professional limited liability company shall be:

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 professional limited liability company shall not terminate the company, and the business of the company shall be automatically continued, so long as there is at least one remaining member.

FILED
14 APR - 4 PM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Alan S. Gassman, Esquire
1245 Court Street, Suite 102
Clearwater, FL 33756
(727) 442-1200
Florida Bar # 371750

Audit Fax #: H140000814193
ARTICLES OF ORGANIZATION OF
BELLA SMILE DENTISTRY OF PINELLAS COUNTY, P.L.L.C.

Audit Fax #: H140000814193

**ARTICLE VII
NATURE OF BUSINESS:**

The purpose for which the professional limited liability company is organized shall be to engage in and carry on all branches of the practice of dentistry within the State of Florida, and to do those things that are necessary or proper in connection with that practice.

**ARTICLE VIII
DURATION:**


The Company's existence shall commence upon the acceptance of the Articles of Organization by the Secretary of State of Florida and shall continue in existence until the expiration of fifty (50) years from such commencement date, unless sooner terminated, liquidated, or dissolved by law or by the unanimous consent of the Members.

**ARTICLE IX
EFFECTIVE DATE:**

The formation of the professional limited liability company shall be effective with filing hereof.

FILED
14 APR - 11 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REQUIRED SIGNATURE:



ALAN S. GASSMAN, Authorized Representative

(In accordance with section 605.0203 (1) (b), Florida Statutes, 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.)

J:\B\Botello, Ruben\BELLA SMILE DENTISTRY OF PINELLAS COUNTY, P.L.L.C. (FL)\Articles of Organization.1.wpd
tja 4/4/14

Alan S. Gassman, Esquire
1245 Court Street, Suite 102
Clearwater, FL 33756
(727) 442-1200
Florida Bar # 371750

Audit Fax #: H140000814193
ARTICLES OF ORGANIZATION OF
BELLA SMILE DENTISTRY OF PINELLAS COUNTY, P.L.L.C.