

Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (614)280-3338

Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: metienne@mysagedental.com

RECEIVED
2024 JUL -9 PM12:55
DIVISION OF CORPORATIONS
COMMERCIAL
SERVICES

FLORIDA LIMITED LIABILITY CO.

SAGE DENTAL OF JACKSONVILLE GLEN KERNAN, PLLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

FILED
SECRETARY OF STATE
JUL 9 2024

2024 JUL -9 PM 4:28

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Sage Dental of Jacksonville Glen Kernan, 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:Mailing Address:

6600 Congress Ave Suite 150

Boca Raton, FL 33487

6600 Congress Ave Suite 150

Boca Raton, FL 33487

ARTICLE III - Registered Agent, Registered Office, & 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:

C T Corporation System

None

1200 South Pine Island Road

Florida street address (P.O. Box NOT acceptable)

Plantation

Florida

33324

CT

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.,

C T Corporation System

By:

Kaity Toon Kaity Toon, Asst. Secretary

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:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

Sage Dental Group of Florida, PLLC

6600 Congress Ave, Suite 150

Boca Raton, FL 33487

President

Cindy Roark

6600 Congress Ave, Suite 150

Boca Raton, FL 33487

(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:

Professional Limited Liability Company purpose: the practice of dentistry

REQUIRED SIGNATURE:

/s/ David Marks

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.

David Marks

Typed or printed name of ~~signer~~

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)