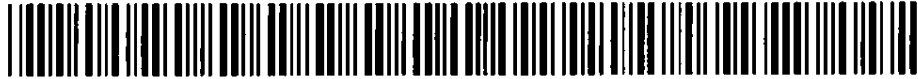


Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the filing audit number (shown below) on the top and bottom of all pages of the document.

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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)617-6381

From: Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

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

Email Address: _____

RECEIVED

2025 JAN -7 AM 8:36

STATE OF FLORIDA
TALLAHASSEE, FL

**FLORIDA LIMITED LIABILITY CO.
PEDIATRIC DENTAL CENTERS OF FLORIDA, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FL

DocuSign Envelope ID: D6418730-4DA5-4179-9739-AF56EA8A7EA7

COVER LETTER

H25000006985

**TO: New Filing Section
Division of Corporations**

SUBJECT: Pediatric Dental Centers of Florida, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lisa Murphy, Paralegal

Name of Person

Dykema Gossett PLLC

Firm/Company

112 E. Pecan Street, Suite 1800

Address

San Antonio, Texas 78205

City/State and Zip Code

pdcflo@pediatricdentalcenters.com

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

For further information concerning this matter, please call:

Lisa Murphy

210

554-5317

at ()

Name of Person

Area Code

Daytime Telephone Number

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
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

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

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

H25000006985

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
JAN 7 2025
TALLAHASSEE, FL

DocuSign Envelope ID: D6418730-4DA5-4179-9739-AF56EA6A7EA7

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

H25000006985

ARTICLE I - Name:

The name of the Limited Liability Company is:

Pediatric Dental Centers of Florida, LLC

(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:2645 Douglas Rd., Suite 703
Miami, Florida 33133**Mailing Address:**2645 Douglas Rd., Suite 703
Miami, Florida 33133**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:

Enrique Acosta, DDS

Name

2645 Douglas Rd., Suite 703Florida street address (P.O. Box **NOT** acceptable)MiamiFlorida33133

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 605, F.S..

Docketed and by:

Enrique Acosta, DDS (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:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Enrique Acosta, DDS
2645 Douglas Rd., Suite 703
Miami, Florida 33133

(Use attachment if necessary)

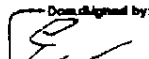
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

REQUIRED SIGNATURE:

Designated by:


~~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.

Enrique Acosta, DDS

Typed or printed name of signee

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)

H25000006985