

**Florida Department of State**  
 Division of Corporations  
 Electronic Filing Cover Sheet

*Handwritten initials and number: JH 8-28*

**H25000006989**

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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: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
 PDC CLINICAL LEASING COMPANY, PLLC**

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

RECEIVED

2025 JAN -7 AM 8:31

TALLAHASSEE, FLORIDA

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 DIVISION OF CORPORATIONS

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**COVER LETTER**

**H25000006989**

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

**SUBJECT:** PDC Clinical Leasing Company, PLLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fcc(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

pdclinical@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  
Name of Person                      at (                      )                      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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name:

The name of the Limited Liability Company is:

PDC Clinical Leasing Company, 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:

2645 Douglas Rd., Suite 703

Miami, Florida 33133

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 703

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

Miami

Florida

33133

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..*

Designated by:



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:**

**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

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

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\_\_\_\_\_

(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.

The purpose of the Limited Liability Company is to provide dental services through licensed dentists and other dental professionals.

**REQUIRED SIGNATURE:**

Designated by:  


\_\_\_\_\_  
~~Signature of a member of the company or 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)

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