

Clear Form

Print Form

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

ARTICLES OF ORGANIZATION

Read the Instructions [L010i](#)

1. ENTITY TYPE – check only one to indicate the type of entity being formed:

☐ **LIMITED LIABILITY COMPANY**
(entity name must contain the words "Limited Liability Company", "LLC" or L.C.)

☒ **PROFESSIONAL LIMITED LIABILITY COMPANY**
(entity name must contain the words "Professional Limited Liability Company", "PLLC" or "PLC")

2. ENTITY NAME – [see Instructions L010i](#) for full naming requirements – give the exact name of the LLC:

AP PERIO IMPLANTS, PLLC

3. PROFESSIONAL LIMITED LIABILITY COMPANY SERVICES – if and only if professional LLC is checked in number 1 above, describe the professional services that the professional LLC will provide (*examples: law firm, accounting, medical*):

dentistry

4. STATUTORY AGENT for service of process – [see Instructions L010i](#)

4.1 REQUIRED – give the **name** (can be an Arizona resident or an Arizona-registered entity) **and physical or street address** (not a P.O. Box) in Arizona of the statutory agent:

4.2 REQUIRED – mailing address in Arizona of Statutory Agent (can be a P.O. Box):

☒ Check box if same as physical/street address.

LEGALINC CORPORATE SERVICES INC.

Statutory Agent Name

Attention (optional)

17470 N. Pacesetter Way

Address 1

Attention (optional)

Address 1

Address 2 (optional)

AZ

95255

City Scottsdale

State

Zip

Address 2 (optional)

AZ

City

State

Zip

4.3 REQUIRED– the [Statutory Agent Acceptance](#) form M002 must be submitted along with these Articles of Organization.

5. PRINCIPAL ADDRESS:

5.1 Is the principal address the same as the **street address** of the statutory agent?

☐ **Yes** – go to number 6 and continue

☒ **No** – go to number 5.2 and continue

5.2 If you answered "**No**" to number 5.1, provide the principal address below:

Abhishek Patel		
Attention (optional)		
7557 Mansion Circle, #F		
Address 1		
Address 2 (optional)		
Mason	OH	45040
City	State or Province	Zip
Country USA		

COMPLETE NUMBER 6 OR NUMBER 7 – NOT BOTH.

- 6. MANAGER-MANAGED LLC** – [see Instructions L010i](#) – check this box ☐ if management of the LLC will be vested in a manager or managers (meaning one or more managers will run the company) and complete and attach **ONLY** the [Manager Structure Attachment form L040](#). (Both members and managers will be listed on the Manager Structure Attachment.) *The filing will be rejected if it is submitted without the attachment.*
- 7. MEMBER-MANAGED LLC** – [see Instructions L010i](#) – check this box ☒ if management of the LLC will be reserved to the members (meaning all members will run the company together if there is no operating agreement stating otherwise), and complete and attach **ONLY** the [Member Structure Attachment form L041](#). (All members will be listed on the Member Structure Attachment.) *The filing will be rejected if it is submitted without the attachment.*

The person signing below declares and certifies *under penalty of law* that the information contained within this document together with any attachments is true and correct, and is submitted in compliance with Arizona law.



1/10/2024

Signature

Date

Abhishek Patel

Printed Name

Expedited or Same Day/Next Day services are available for an additional fee – see Instructions or Cover sheet for prices.

Filing Fee: \$50.00 (regular processing)
All fees are nonrefundable - see Instructions.

Mail: Arizona Corporation Commission - Examination Section
1300 W. Washington St., Phoenix, Arizona 85007
Fax (for Regular or Expedite Service ONLY): 602-542-4100
Fax (for Same Day/Next Day Service ONLY): 602-542-0900

Please be advised that A.C.C. forms reflect only the **minimum** provisions required by statute. You should seek private legal counsel for those matters that may pertain to the individual needs of your business. All documents filed with the Arizona Corporation Commission are **public record** and are open for public inspection. If you have questions after reading the Instructions, please call 602-542-3026 or (within Arizona only) 800-345-5819.

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MEMBER STRUCTURE ATTACHMENT

1. **ENTITY NAME** – give the exact name of the LLC (foreign LLCs – give name in domicile state or country):

AP PERIO IMPLANTS, PLLC

2. **A.C.C. FILE NUMBER** (if known): _____

Find the A.C.C. file number on the upper corner of filed documents OR on our website at: <http://www.azcc.gov/Divisions/Corporations>

3. **MEMBERS** – give the name and address of **all Members**. If more space is needed, use another [Member Structure Attachment](#) form.

1. Abhishek Patel Name Address 1 7557 Mansion Circle, #F Address 2 (optional) Mason OH 45040 City State or Zip Country UNITED STATES Province	2. Name Address 1 Address 2 (optional) City State or Zip Country Province
3. Name Address 1 Address 2 (optional) City State or Zip Country Province	4. Name Address 1 Address 2 (optional) City State or Zip Country Province
5. Name Address 1 Address 2 (optional) City State or Zip Country Province	6. Name Address 1 Address 2 (optional) City State or Zip Country Province
7. Name Address 1 Address 2 (optional) City State or Zip Country Province	8. Name Address 1 Address 2 (optional) City State or Zip Country Province

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STATUTORY AGENT ACCEPTANCE*Please read Instructions [M002i](#)*

- 1. ENTITY NAME** – give the **exact** name in Arizona of the corporation or LLC that has appointed the Statutory Agent (this must match exactly the name as listed on the document appointing the statutory agent, e.g., Articles of Organization or Articles of Incorporation):

AP PERIO IMPLANTS, PLLC

- 2. STATUTORY AGENT NAME** – give the exact name of the Statutory Agent appointed by the entity listed in number 1 above (this will be *either* an individual or an entity). *NOTE* - the name must match **exactly** the statutory agent name as listed in the document that appoints the statutory agent (e.g. Articles of Incorporation or Articles of Organization), including any middle initial or suffix:

LEGALINC CORPORATE SERVICES INC.

3. STATUTORY AGENT SIGNATURE:

By the signature appearing below, the individual or entity named in number 2 above accepts the appointment as statutory agent for the entity named in number 1 above, and acknowledges that the appointment is effective until the appointing entity replaces the statutory agent or the statutory agent resigns, whichever occurs first.

The person signing below declares and certifies *under penalty of perjury* that the information contained within this document together with any attachments is true and correct, and is submitted in compliance with Arizona law.



MARIA SANFORD

01/11/2024

Signature

Printed Name

Date

REQUIRED – check only one:

- | | |
|--|--|
| <input type="checkbox"/> Individual as statutory agent: I am signing on behalf of myself as the individual (natural person) named as statutory agent. | <input checked="" type="checkbox"/> Entity as statutory agent: I am signing on behalf of the entity named as statutory agent, and I am authorized to act for that entity. |
|--|--|

Expedited services are available for an additional fee – see Instructions or Cover sheet for prices.

Filing Fee: none (regular processing)
All fees are nonrefundable - see Instructions.

Mail: Arizona Corporation Commission - Examination Section
1300 W. Washington St., Phoenix, Arizona 85007
Fax: 602-542-4100

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