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DIVISION OF CORPORATIONS

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Fax Number : (850) 205-0383

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003253
Phone : (305) 634-3694
Fax Number : (305) 633-9696

[Handwritten signature] 1/3/06

LIMITED LIABILITY COMPANY

Dr. Luis J. Fornaris, DMD, PLLC

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

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**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY OF**

Dr. Luis J. Fornaris, DMD, PLLC

ARTICLE I

**The name of the Limited Liability Company shall: Dr. Luis J. Fornaris,
DMD, PLLC**

ARTICLE II

The purpose for this limited liability company shall be: A Dental Office.

ARTICLE III

**The mailing address and street address of the principal office of the Limited
Liability Company is:13831 SW 152ND Terrace, Miami, Fl 33177**

ARTICLE IV

The name of the Managing Member for this Company shall be:

**MANAGING MEMBER
Dr. Luis J. Fornaris**

ARTICLE V

**The name and the Florida street address of the registered agent: Dr. Luis J.
Fornaris, 13831 SW 152ND Terrace, Miami, Fl 33177**

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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE
MEMBER/REPRESENTATIVE

Dr. Luis J. Fornaris, DMD, PLLC
NAME OF COMPANY

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 THE ARTICLES OF INCORPORATION, 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.


REGISTERED AGENT


SIGNATURE OF A MEMBER OR AN AUTHORIZED REPRESENTATIVE MEMBER

(IN ACCORDANCE WITH SECTION 608.408(3), FLORIDA STATUTES, THE EXECUTION OF THIS DOCUMENT CONSTITUTES AN AFFIRMATION UNDER THE PENALTIES OF PERJURY THAT THE FACTS STATED HEREIN ARE TRUE.)

LUIS J. FORNARIS
TYPED OR PRINTED NAME OF SIGNEE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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