

LO7000106782

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

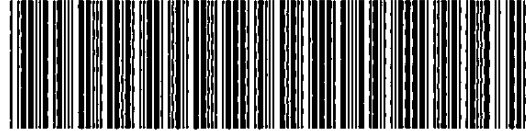
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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07 OCT 22 AM 11:14  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

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FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: KATIE WONSCH

DATE: 10/22/07

REF. #: 000177.76219

CORP. NAME: MAIN STREET AVENTURA DENTAL MANAGEMENT, LLC

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

STATE FEES PREPAID WITH CHECK# 523357 FOR \$ 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |  |
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| <input type="checkbox"/> CERTIFIED COPY        | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS |   |  |

Examiner's Initials

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**ARTICLES OF ORGANIZATION  
OF  
MAIN STREET OF AVENTURA DENTAL MANAGEMENT, LLC**

The undersigned, being authorized to execute and file these Articles of Organization of **MAIN STREET OF AVENTURA DENTAL MANAGEMENT, LLC** (the "Limited Liability Company"), hereby certifies that:

ARTICLE I — Name:

The name of the Limited Liability Company is:

MAIN STREET OF AVENTURA DENTAL MANAGEMENT, LLC

ARTICLE II — Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

12515 North Kendall Drive  
Suite 406  
Miami, Florida 33186

ARTICLE III — Duration:

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV — Registered Agent:

The name and address of the registered agent for service of process in the state shall be:

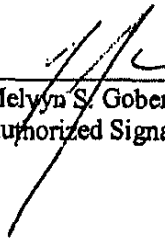
Melvyn S. Gober, D.D.S.  
12515 North Kendall Drive  
Suite 406  
Miami, Florida 33186

ARTICLE V — Management:

The Limited Liability Company will be a manager-managed company.

ARTICLE VI – Indemnification

The Limited Liability Company shall indemnify and hold harmless its members and managers against any and all claims and demands whatsoever.

  
\_\_\_\_\_  
Melvyn S. Gober, D.D.S.  
Authorized Signatory

**STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT**

**MAIN STREET OF AVENTURA DENTAL MANAGEMENT, LLC**

*Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by 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 the obligations of my position as a registered agent as provided for in Chapter 608, F.S.*

  
\_\_\_\_\_  
Melvyn S. Göber, D.D.S.

Dated: October 19, 2007