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**FLORIDA LIMITED LIABILITY CO.  
LEGON FAMILY DENTAL CARE, PLLC**

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

**ARTICLE I**

The Name of the Limited Liability Company shall be :

**LEGON FAMILY DENTAL CARE, PLLC**

**ARTICLE II**

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the act.

**ARTICLE III**

The mailing address and street address of the principal office of the limited liability company is: 12277 SW 16<sup>TH</sup> TERRACE, # 102, MIAMI, FLORIDA 33175

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**ARTICLE IV**

The name of the Manager(S) shall be:

**ENRIQUE A. LEGON VALDES  
12277 SW 16<sup>TH</sup> TERRACE, # 102  
MIAMI, FL 33175**

**ARTICLE V**

The name and Florida street address of the registered agent shall be:

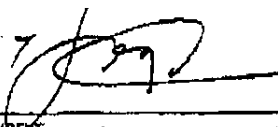
**ENRIQUE A. LEGON VALDES  
12277 SW 16<sup>TH</sup> TERRACE, # 102  
MIAMI, FL 33175**

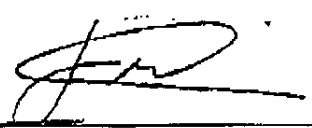
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**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED  
OFFICE/MEMBER/REPRESENTATIVE**

**LEGON FAMILY DENTAL CARE, PLLC**

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

  
\_\_\_\_\_  
Signature of Registered Agent

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

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(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. )

ENRIQUE A. LEGON VALDES

Typed or printed name signee