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FLORIDA LIMITED LIABILITY CO.
ANP DENTAL & AESTHETICS HOLDINGS, LLC

Table with 2 columns: Description and Amount. Rows include Certificate of Status (1), Certified Copy (1), Page Count (02), and Estimated Charge (\$160.00).

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
OF
ANP DENTAL & AESTHETICS HOLDINGS, LLC,
a Florida Limited Liability Company

The undersigned, pursuant to the provisions of Chapter 605 of the Florida Statutes, for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. **NAME:** The name of the Limited Liability Company is: ANP DENTAL & AESTHETICS HOLDINGS, LLC (the "Company").
2. **MAILING AND STREET ADDRESS OF PRINCIPAL OFFICE:** The mailing and street address for the principal office of the Company is: c/o 646 North Federal Highway, Fort Lauderdale, Florida 33304.
3. **REGISTERED AGENT:** The name and address of the registered agent in the State of Florida, whose Consent to Appointment as Registered Agent accompanies these Articles of Organization, is: April N. Patterson, 646 North Federal Highway, Fort Lauderdale, Florida 33304.
4. **MANAGEMENT:** The business of the Company shall be member managed by its Member, April N. Patterson, 646 North Federal Highway, Fort Lauderdale, Florida 33304.

These Articles of Organization of ANP DENTAL & AESTHETICS HOLDINGS, LLC, are hereby duly authorized, executed and are being filed pursuant to and in accordance with the provisions of Section 605.113 of the Florida Statutes on the 30 day, of November, 2017.


April N. Patterson, Member

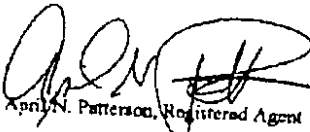
CERTIFICATION OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES, THE LIMITED LIABILITY COMPANY NAMED BELOW SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: ANP DENTAL & AESTHETICS HOLDINGS, LLC.
2. The name and address of the registered agent and office is:

April N. Patterson
646 North Federal Highway
Fort Lauderdale, Florida 33304

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 relative 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.



Dated: November 30 2017

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TALLAHASSEE FLORIDA