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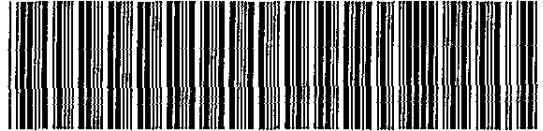
(Business Entity Name)

(Document Number)

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**CORPORATE
ACCESS,
INC.**

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP 12-31-02 Kelly ☺

☒ **CERTIFIED COPY** _____

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☒ **FILING** LLC

1.) Aventura Dental Arts LLC
(CORPORATE NAME & DOCUMENT #)

2.) _____
(CORPORATE NAME & DOCUMENT #)

3.) _____
(CORPORATE NAME & DOCUMENT #)

4.) _____
(CORPORATE NAME & DOCUMENT #)

5.) _____
(CORPORATE NAME & DOCUMENT #)

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SPECIAL INSTRUCTIONS _____

ARTICLES OF ORGANIZATION
of
Aventura Dental Arts, LLC

ARTICLE I
NAME

The name of this limited liability company is:

Aventura Dental Arts, LLC

ARTICLE II
ADDRESS

The mailing address and street address of the principal office of this limited liability company is:

1021 Ives Dairy Road, Suite 121
North Miami Beach, FL 33179

ARTICLE III
REGISTERED AGENT AND REGISTERED OFFICE

The name and the street address of the registered agent of this limited liability company are:

Mann & Wolf, LLP
4300 N. University Drive, #C-203
Sunrise, FL 33351

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

Mann & Wolf, LLP, Registered Agent

By: _____

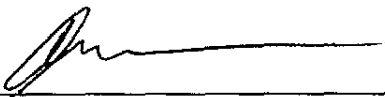
Andrew L. Mann, Esq.

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In accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true.

The undersigned has executed these Articles of Organization this 30 day of December, 2002.

Mann & Wolf, LLP,
Authorized Representative of the Members

By: 

Andrew L. Mann, Esq.

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