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CAPITAL CONNECTION, INC
417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Midway Dental Center
Of Fort Pierce, LLC

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00 JAN -3 PM 4:07
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TALLAHASSEE FLORIDA

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE FLORIDA

- ____ Art of Inc. File
- ____ LTD Partnership File
- ____ Foreign Corp. File
- ✓ L.C. File
- ____ Fictitious Name File
- ____ Trade/Service Mark
- ____ Merger File
- ____ Art. of Amend. File
- ____ RA Resignation
- ____ Dissolution / Withdrawal
- ____ Annual Report / Reinstatement
- ____ Cert. Copy
- ✓ Photo Copy
- ____ Certificate of Good Standing
- ____ Certificate of Status
- ____ Certificate of Fictitious Name
- ____ Corp Record Search
- ____ Officer Search
- ____ Fictitious Search
- ____ Fictitious Owner Search
- ____ Vehicle Search
- ____ Driving Record
- ____ UCC 1 or 3 File
- ____ UCC 11 Search
- ____ UCC 11 Retrieval
- ____ Courier

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Signature

Requested by: LB 12/3/00 9:38
Name Date Time

Walk-In _____ Will Pick Up _____

ARTICLES OF ORGANIZATION
OF
MIDWAY DENTAL CENTER OF FORT PIERCE, L.L.C.

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge, and file the following Articles of Organization.

ARTICLE I-NAME

The name of the limited liability company shall be Midway Dental Center of Fort Pierce, L.L.C. ("Company").

ARTICLE II-ADDRESS

The mailing address and street address of the principal office of the company shall be 5050 South 25th Street, Fort Pierce, Florida 34981.

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ARTICLE III-DURATION

The company shall commence its existence on December 30, 1999. The company's existence shall be perpetual unless the company is earlier dissolved as provided in these articles of organization.

ARTICLE IV-REGISTERED OFFICE AND AGENT

The name and street address of the registered agent of the company in the State of Florida is James L. Strawn, 5050 South 25th Street, Fort Pierce, Florida 34981.

ARTICLE V-ADMISSION OF NEW MEMBERS

No additional members shall be admitted to the company except with the unanimous written consent of all the members of the company and on such terms and conditions as shall be determined by all the members. A member may transfer his or her interest in the company as set forth in the regulations of the company, but the transferee shall have no right to participate in the management of the business and affairs of the company or become a member unless all the other members of the company other than the member proposing to dispose of his or her interest approve of the proposed transfer by unanimous written consent.

ARTICLE VI-TERMINATION OF EXISTENCE

The company shall be dissolved on the insanity or incompetence, death, bankruptcy, expulsion, retirement or resignation of a Member, or on the occurrence of any other event that terminates the continued membership of a member in the Company, unless the business of the

company is continued by the consent of all the remaining members.

ARTICLE VII-MANAGEMENT

The company shall be managed by a manager in accordance with regulations adopted by the members for the management of the business and affairs of the company. These regulations may contain any provisions for the regulation and management of the affairs of the company not inconsistent with the law or these articles or organization. The name and address of the initial manager of the company is:

James L. Strawn, 5050 South 25th Street, Fort Pierce, Florida 34981.

IN WITNESS WHEREOF, the undersigned organizer has made and subscribed these articles of organization on this 18 day of December, 1999.

James L. Strawn

STATE OF FLORIDA
COUNTY OF ST. LUCIE

Sworn to (or affirmed) and subscribed before me this 18 day of December, 1999, by James L. Strawn, ✓ who is personally known to me or _____ has produced _____ as identification.

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TALLAHASSEE FLORIDA

Notary Public--State of Florida

Michael D. Fowler
MY COMMISSION # CC829113 EXPIRES
July 30, 2003
BONDED THRU TROY FAIN INSURANCE, INC.

Print, Type, or Stamp Commissioned
Name of Notary Public

ACCEPTANCE OF REGISTERED AGENT

The undersigned, being the person named in the articles of organization of Midway Dental Center of Fort Pierce, L.L.C. as the registered agent of this limited liability company, hereby consents to accept service of process for the above stated company at the place designated in the articles of organization, and accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the property and complete performance of his or her duties, and is familiar with and accepts the obligations of the position of registered agent.

James L. Strawn

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