

Division of Corporations

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Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850) 922-4003

From:

Account Name : ARIAS TOVAR & ASSOCIATES, P.A.
Account Number : I20000000125
Phone : (954) 364-6266
Fax Number : (954) 364-6267

LIMITED LIABILITY COMPANY

APRIL DENTAL SERVICES, LLC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION
OF
APRIL DENTAL SERVICES, LLC.

The Undersigned, as a member or an authorized representative of a member of the Company, pursuant to Chapter 608, Florida Statutes, files the following Articles of Organization establishing a Florida Limited Liability Company named APRIL DENTAL SERVICES, LLC.

ARTICLE I: NAME

The name of the Company shall be: APRIL DENTAL SERVICES, LLC.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of this Company shall be:

16485 Collins Avenue, Apt. # 2336, Miami Beach, FL 33160

ARTICLE III: DURATION

The period of duration for the Company shall be perpetual.

ARTICLE IV: PURPOSE

This Company is organized for the purpose of providing services in the area of dental care and related fields, including professional services in this and other areas, general commercialization of products and equipment and for transacting any and all lawful business in the United States and abroad.

ARTICLE V: MANAGEMENT

The Company shall be managed by one or more managers and is therefore a manager – managed company. The initial managers of the Company shall be two (2), to hold office until their successors have been duly elected and qualified, or until their earlier resignation, removal from office or death.

The number of Managers may increase or decrease in accordance with the procedure stated in the By-Laws of the company.

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The name and address of the initial Managers are:

Melba B. Mazziotta: 16485 Collins Avenue, Apt. 2336, Miami Beach, FL 33160
Lilian E. Acuña: 16485 Collins Avenue, Apt. 2336, Miami Beach, FL 33160

ARTICLE VI: INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida Street address of the initial Registered Agent is:

Ileana Arias Tovar, Esq.
The Centre Building
9900 Stirling Road, Suite 218
Cooper City, Florida

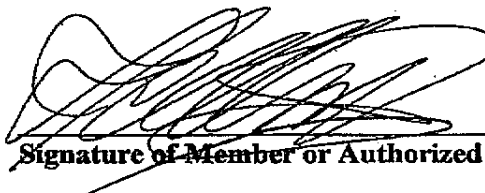
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Having been named as registered agent and to accept service of process for the above stated Company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree 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.


Signature of Registered Agent

Date: February 22, 2001

IN WITNESS WHEREOF, the undersigned member or authorized representative of a member has signed these Articles of Organization this 26th day of February 22, 2001


Signature of Member or Authorized Representative of a Member

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