

L010000 11635

MICHAEL MALISZEWSKI, P.A.

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July 10, 2001

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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-07/13/01--01041--005
****125.00 ****125.00

SUBJECT: Filing for Articles of Organization for
Cosmetic Denture Institute, L.C.

Dear Madam/Sir:

Enclosed is an original Articles of Organization and Registered Agent election for Cosmetic Denture Institute, L.C. sent to file with your department together with my office check in the amount of \$125.00 to pay for the filing fee for this matter.

Kindly file these documents and return the confirmation certificate to my office at your earliest convenience.

Thank you kindly for your assistance.

Very truly,



Michael Maliszewski, Esq.

/dk
Enclosures

FILED
01 JUL 13 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L01-11635
CR

ARTICLES OF ORGANIZATION
OF
COSMETIC DENTURE INSTITUTE, L.C.

FILED
01 JUL 13 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned have associated ourselves together for the purpose of becoming a limited liability company under the laws of the State of Florida, providing for the formation, rights, privileges, and immunities of limited liability companies for profit. The following Articles shall serve as the Charter and authority for the conduct of business of the limited liability company.

ARTICLE I
NAME AND PRINCIPAL PLACE OF BUSINESS

The name of the limited liability company shall be Cosmetic Denture Institute, L.C., and its principal office and mailing address shall be located at 800 East Ocean Boulevard, in the City of Stuart, County of Martin, State of Florida, 34994, but it shall have the power and authority to establish branch offices at any other place or places as the members may so designate.

ARTICLE II
MANAGEMENT

Management of this limited liability company is reserved to its members, whose names and addresses are as follows:

1. Grace Baginski, 9550 S. Ocean Drive, # 2004, Jensen Beach, FL 34957; and
2. Julia Grace Baginski, 9550 S. Ocean Drive, # 2004, Jensen Beach, FL 34957.

ARTICLE III
INITIAL REGISTERED OFFICE AND REGISTERED AGENT

The address of the initial registered office of the limited liability company is 800 East Ocean Boulevard, Stuart, Florida 34994 and the name of the company's initial registered agent at that address is Grace Baginski.

The undersigned, being the original member of the limited liability company, certifies that this instrument constitutes the Articles of Organization of Cosmetic Denture Institute, L.C.

Executed by the undersigned at Stuart, Florida on July 6th, 2001.

Grace E. Baginski
Grace Baginski, Incorporator

STATE OF Florida)
) ss:
COUNTY OF Martin)

On this day personally appeared before me, the undersigned authority, Grace Baginski, who is[] personally known to me or who [X] produced Penn Driver License as identification, and did not take an oath.

WITNESS my hand and official seal in the above-named County and State this 6 day of July, 2001.

(Seal)

NOTARY PUBLIC - STATE OF FLORIDA
MICHAEL MALISZEWSKI
COMMISSION # CC763189
EXPIRES 7/28/2002
BONDED THRU ASA 1-888-NOTARY1

Michael Maliszewski
Notary Public
My Commission Expires: _____

FILED
01 JUL 13 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF Florida)
) ss:
COUNTY OF Martin)

FILED
01 JUL 13 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTIONS 608.415 AND 608.407(1)(D) OF THE FLORIDA LIMITED LIABILITY COMPANY ACT, THE LIMITED LIABILITY COMPANY IDENTIFIED BELOW SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING ITS REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA:

The name of the limited liability company is **Cosmetic Denture Institute, L.C.**

The name of the registered agent for Hutchinson Island Title, L.C. is **Grace Baginski** and the street address of the company's principal office where the agent is located is **800 East Ocean Boulevard Stuart, FL 34994.**

I, **Grace Baginski**, having been named to accept service of process for Cosmetic Denture Institute, L.C. and having been appointed as its registered agent to accept service of process for the Cosmetic Denture Institute, L.C. at the place designated above in this certificate. I accept this 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.

Dated 6th, 2001.

Grace Baginski
Grace Baginski
800 East Ocean Blvd.
Stuart, FL 34994

The foregoing instrument was acknowledged before me by Grace Baginski, agent on behalf of Cosmetic Denture Institute, L.C., a Florida limited liability company. ~~He~~ is [] personally known to me or ☒ has produced Penn. Driver License as identification.

WITNESS my hand and official seal in the above-named County and State this 6 day of July, 2001.

(Seal)

NOTARY PUBLIC - STATE OF FLORIDA
MICHAEL MALISZEWSKI
COMMISSION # CC753189
EXPIRES 7/28/2002
BONDED THRU ASA 1-888-NOTARY1

M. Maliszewski
Notary Public
My Commission Expires: _____