Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850)205-0383

Account Name : QUARLES & BRADY LLP

Account Number: I20000000067 : (941)262-5959

Fax Number

: (941)434-4999

LIMITED LIABILITY COMPANY

DARJENCO L.C.

Certificate of Status	1
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8/15/01



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

August 15, 2001

QUARLES & BRADY

SUBJECT: DARJENCO REF: H01000090167 OT NUG 16 M 8: 31

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Thank you for making the corrections I requested. I am sorry, but in my previous letter I neglected to also ask you to change the suffix from one for a regular limited liability company to one for a professional limited liability company, as explained in the next paragraph. I apologize for the oversight.

The name of a professional limited liability company must contain the suffix "P.L.," "P.L.C.," "PL," "PLC," or "PROFESSIONAL LIMITED COMPANY" at the end of the name. "P.L.L.C." OR "PLLC" is not an acceptable suffix in the state of Florida.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers Document Specialist

FAX Aud. #: H01000090167 Letter Number: 301A00046718

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION OF

DARJENCO P.L.C.

The undersigned member hereby certifies that the members have associated themselves together for the purpose of becoming a professional 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. I further declare that the following Articles shall be the Charter and authority for the conduct of business of such professional limited liability company.

ARTICLE I

NAME

The name of the limited liability company shall be DARJENCO P.L.C. (the "Company").

ARTICLE II

ADDRESS OF PRINCIPAL PLACE OF BUSINESS

The mailing address and street address of the principal office of this Company shall be 5883 Marble Court, Naples, Florida 34110.

ARTICLE III

PURPOSE

The purpose of the limited liability company is the rendering of professional dental services.

ARTICLE IV

REGISTERED AGENT

The name and address of the initial registered agent in the State of Florida is as follows: NAPLES-LAWDOCK, c/o Quarles & Brady LLP, 4501 North Tamiami Trail, Suite 300, Naples, Florida 34103.

ARTICLE V

DURATION

This Company shall exist until December 31, 2020, unless sooner dissolved in a manner provided by law, as herein set forth or as provided in the Regulations adopted by the members.

ARTICLE VI

MANAGEMENT

The Company will be managed by a Managing Member in accordance with the Company's regulations. The name and address of the Managing Member is as follows:

NAME

ADDRESS

Darryl E. Damon, D.M.D.

5883 Marble Court Napies, Florida 34110

QBNAP\ 309435.2

ARTICLE VII

RESTRICTIONS ON MEMBERSHIP

Members shall have the right to admit new members upon making such contributions as are set out in the Regulations, and otherwise complying with and agreeing to the terms and provisions of the Regulations.

ARTICLE VIII

MEMBERS' RIGHTS TO CONTINUE BUSINESS

Upon the death, bankruptcy, or dissolution of a member, or the occurrence of any other event that terminates the continued membership of a member in the Company, the existence of the Company shall continue,

Executed by the undersigned member at Naples, Florida, on the 10 day of August, 2001.

Darryl E. Damon, D.M.D.

State of Florida

County of Collier

This foregoing instrument was acknowledged before me this _______day of August, 2001, by Darryl E. Damon, D.M.D. He (____) is personally known to me or (_X) has produced as identification.

NOTARY SEAL

STACIE L STOL2

LIVY COMMISSION # DD 036222

EXPIRES: July 5, 2005

Bonded Troy House Underwriters

Notary Public Root name below:

My commission expires:

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CERTIFICATE OF DESIGNATION OF REGISTERED OFFICE AND REGISTERED AGENT

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA

The name of the limited liability company is DARJENCO P.L.C.

The name of the initial registered agent of the limited liability company is NAPLES LAWDOCK, and the address of the office of the registered agent is c/o Quarles & Brady LLP, 4501 North Tamiami Trail, Suite 300, Naples, Florida 34103.

REGISTERED AGENT ACCEPTANCE

Having been named as registered agent and to accept service of 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 that 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.

NAPLES LAWDOCK, a Florida corporation,

as Registered gent

F. Joseph McMackin, III, President

Date: August 15, 2001

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