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**Florida Department of State
Division of Corporations
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To:

**Division of Corporations
Fax Number : (850) 205-0383**

From:

**Account Name : KRAMER, GREEN, ZUCKERMAN & KAHN, P.A.
Account Number : 073707002173
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Fax Number : (954) 981-1605**

AL

LIMITED LIABILITY COMPANY

direct denture services, l.l.c.

Certificate of Status	0
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**ARTICLES OF ORGANIZATION FOR
DIRECT DENTURE SERVICES, L.L.C.**

**ARTICLE I
NAME**

The name of the Limited Liability Company is: DIRECT DENTURE SERVICES, L.L.C.

**ARTICLE II
ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is:

6660 Beach Resort Drive, # 6, Naples, FL 34114

**ARTICLE III
REGISTERED AGENT AND REGISTERED OFFICE**

The name and the Florida street address of the registered agent are:

Robert M. Kramer
4000 Hollywood Blvd., Suite 485 So.
Hollywood, FL 33021

**ARTICLE IV
MANAGEMENT**

The limited liability company is to be managed by the members.

**ARTICLE V
OFFICERS**

The managing members shall hold those offices and have those responsibilities accorded to them by the members of the Limited Liability Company, as set forth in the Regulations of the Limited Liability Company.

Dated: November 14, 2001.


KENNETH R. CITY, Member and authorized
representative of the Members

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

Prepared by: Robert M. Kramer, Bar No. 181940, 4000 Hollywood Blvd., # 485 So., Hollywood, FL 33021
Phone: (954)966-2112

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01 NOV 19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 NOV 19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

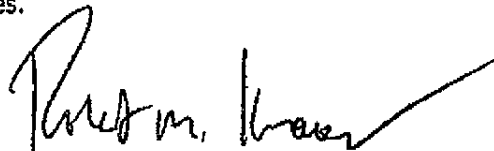
PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is DIRECT DENTURE SERVICES, L.L.C.
2. The name and the Florida street address of the registered agent are:

Robert M. Kramer
4000 Hollywood Blvd., Suite 485 So.
Hollywood, FL 33021

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 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, Florida Statutes.

Dated: Nov, 19, 2001.



ROBERT M. KRAMER, Registered Agent

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