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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 : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696**

LIMITED LIABILITY COMPANY

AVENTURA DENTAL SPECILISTS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Aventura Dental Specialties, LLC

ARTICLE II - Address:

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

472 S.W. 159th Drive
Pembroke Pines, Florida 33027

ARTICLE III- Duration:

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Jorge L. Lopez-Garcia

Name

395 Alhambra Circle, Suite 301

Florida street address (P.O. Box Not acceptable)

Coral Gables, Florida 33134

City, State, and Zip

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, F.S..



Registered Agent's Signature

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ARTICLE V - Management (Check if applicable)

☒ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Federico Diaz, DDS
472 S.W. 159th Drive
Pembroke Pines, Florida 33027

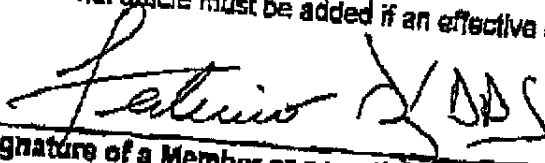
Juan Carlos Arroyo, DMD
15823 S.W. 10th Street
Pembroke Pines, Florida 33027

Miguel A. Pastrana, MD, DMD
1062 S.W. 159th Drive
Pembroke Pines, Florida 33027

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(An additional article must be added if an effective date is requested)



Signature of a Member or an authorized representative of a member

(In accordance with section 605.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Federico Diaz, DDS
Typed or printed name of signer

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