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LAW OFFICES
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359 SOUTH COUNTY ROAD
PALM BEACH, FLORIDA 33480-4494

RICHARD E. SALEEBY
RONALD RANSIER (Ret.)
T. GRAF BUCKENMAIER, JR.

TELEPHONE (561) 655-5766
FAX (561) 655-0285

PLEASE REPLY TO:

3/13

March 7, 2002

MJH

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-03/13/02--01025--003
***155.00 ***155.00

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Perfect Smile, ^{Don't} LLC

Dear Sir:

Enclosed please find a check in the amount of \$155.00 and the Articles of Organization for Florida Limited Liability Company for Perfect Smile, LLC. We would appreciate a Certified Copy of the Articles, all on letter size paper (8 1/2 x 11) if at all possible.

If for any reason these Articles cannot be recorded, please telephone us at (561) 655-5766.

Thank you for your courtesy and cooperation in this matter.

Most Sincerely,

T. Graf Buckenmaier

T. Graf Buckenmaier

TGB/sg
Enclosures

FILED
02 MAR 13 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Perfect Smile Dental, LLC

ARTICLE II - Address:

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

821 East Ocean Blvd., Suite E
Stuart, Florida 34994

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

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

Gail W. Schamback, DDS

Name

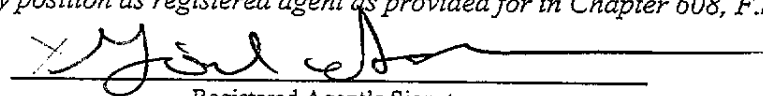
821 East Ocean Blvd., Suite E

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

Stuart, FL 34994

City, State, and Zip

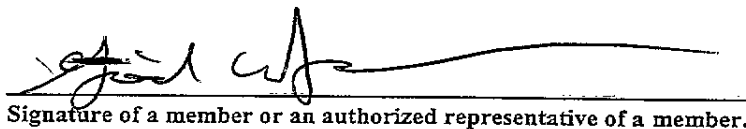
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.


Signature of a member or an authorized representative of a member.

(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.)

Gail W. Schamback

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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TALLAHASSEE, FLORIDA