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

From:

Account Name : INTERNATIONAL BUSINESS INCORPORATORS, INC.

Account Number : I20010000092

Phone

Fax Number

: {305}595-0560 : (305)595-0560 VISION OF CORPORATION

LIMITED LIABILITY COMPANY

Dental Practice Management, LLC

Certificate of Status	0
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Acknowledgement	DCC
W. P. Verifyer	DCC

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is Dental Practice Management, LLC.

ARTICLE II- Address: The mailing address and street address of the principal office of the Limited Liability Company 15 Saranac Rd., Sea Ranch Lakes, FL 33308.

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

The name and the Florida street address of the registered agent is International Business Incorporators, Inc., 8108 SW 103 Avenue, Miami, FL 33173

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.

Marie Jorczak, President

International Business Incorporators, Inc.

ARTICLE IV – Management: The Limited Liability Company is to be managed before or more managers and is, therefore, a manager - managed company. The name address(es) of the Manager(s) is/are: Steven D. Muckey, 15 Saranac Rd., Sea Ranch Lakes, FL 33308.

(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.)

Marie Jorczak, Authorized Person

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