

L02000032187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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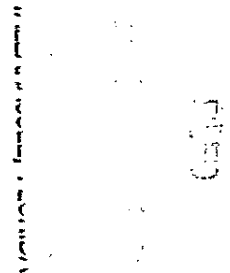
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November 25, 2002

Honorable Jim Smith  
Secretary of State  
Capitol, Plaza Level, Rm. 2  
Tallahassee, FL 32399

RE: Family Dental Care and Orthodontics, LLC

Dear Honorable Jim Smith:

Enclosed for filing please find an original and one (1) copy of the Articles of Organization in reference to the above-captioned matter. Please file and return the stamped copy back to me. Also enclosed is a check order in the amount of \$125.00 to cover the filing fees of the Article.

Sincerely,

A handwritten signature in black ink that reads 'David Geen'.

David Geen  
Ext. 279

TALLAHASSEE, FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Family Dental Care and Orthodontics, LLC

## ARTICLE II - Address:

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

1325 N.E. 42nd Street

Ocala, FL 34479

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

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

Dr. David Howard, DMD

Name

959 N.W. 155th Street

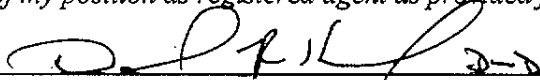
Florida street address (P.O. Box **NOT** acceptable)

Citra

FL 32113

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

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

David R. Howard  
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.)

David R. Howard DMD  
Typed or printed name of signer

### 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)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 DEC -2 AM 9:59

FILED