

L030000011512

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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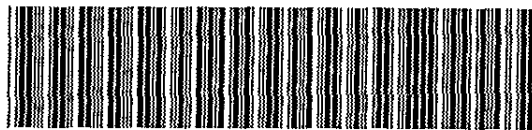
Examiner

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3/1/03

3/10/03

P. Verifier



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FILED
03 APR 01 04 53
FBI - MEMPHIS

Dr. Rauhens GAVE

NOTIFICATION BY PHONE TO

name to read
Express Dental. LLC
4/1/03
dec

DR. JAY REUBENS
2451 NW 63RD STREET
BOCA RATON, FL 33496
561-504-3440

March 25, 2003

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

Dear Division of Corporations;

Enclosed please find the Articles of Incorporation for Express Dental Group. Please feel free to call me anytime at 561-504-3440.

Thank you.

Sincerely,


Dr. Jay Reubens

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03 MAR 31 PM 4:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*called because name on cover letter and name on articles
were not the same. He advised that he really wanted
Express Dental, LLC.
(We had an articles Express Dental Group, LLC.)*

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EXPRESS DENTAL, LLC

ARTICLE II - Address:

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

2451 NW 63rd Street, Boca Raton, FL 33496

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

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

Dr. Jay Reubens

Name

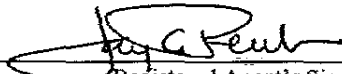
2451 NW 63rd Street

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

Boca Raton FL 33496

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)



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.)

Dr. Jay Reubens

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