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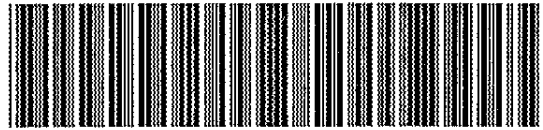
Paul Hinder BAVE

AUTHORIZATION BY PHONE TO

CORRECT by adding additional article listing

DATE 10/08/03 @ 2:34 pm Purpose

DOC. EXAM J. Bryan



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10/02/03--01003--007 \*\*155.00

FILED  
2003 OCT -1 PM 2:50  
CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN OCT - 9 2003

Paul Hinder  
107 Lantern Wick Place  
Ponte Vedro Beach, FL 320

9/26/03

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2003 OCT -1 PM 2:50  
ALLAHASSEE, FLORIDA

To whom it may concern;

I am a dentist starting a new dental practice. I would like to establish a P.L.L.C. Please find enclosed the completed forms for P.L.L.C., this cover letter and check for \$155

Please call me if you have any questions at 904-651-2103

Paul Hinder  
Paul Hinder, D.D.S

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Paul Hinder, D.O.S., PLLC.  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Paul R Hinder  
(Name of Person)

Paul Hinder, D.O.S., PLLC.  
(Firm/Company)

107 Lantern Wick Place  
(Address)

Ponte Vedra Beach, FL 32082  
(City/State and Zip Code)

For further information concerning this matter, please call:

Paul Hinder at ( 904 ) 651-2103  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is: Paul Hinder D.O.S. P.L.L.C.

### ARTICLE II - Address:

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

#### Principal Office Address:

Paul Hinder, D.O.S., P.L.L.C.  
700 North 3rd St., Suite 203  
Neptune Beach, FL

#### Mailing Address:

Paul Hinder, D.O.S., P.L.L.C.  
107 Lantern Wick Place  
Ponte Vedra Beach, FL 32082

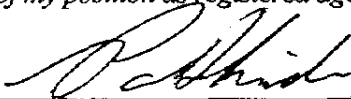
### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Paul Hinder  
Name  
107 Lantern Wick Place  
Florida street address (P.O. Box NOT acceptable)  
Ponte Vedra Beach, FL 32082  
City, State, and Zip

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ALABAMA, FLORIDA

*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

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Paul Hinder

**ARTICLE V - Purpose:**

The practice of dentistry.

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

Paul Hinder

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.)

Paul Hinder

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