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Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : INCORPORATETIME.COM, INC.

Account Number: I19990000221

: (631)224 9004

Phone Fax Number

: (631)589-2848

LIMITED LIABILITY COMPANY

Unique Dental Smiles LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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Corporate Filing.

## 4040000 23/653

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I: NAME:

The name of the Limited Liability Company is:

Unique Dental Smiles LLC

ARTICLE IL: ... ADDRESS:

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

360 Palm Blvd, Weston, FL, 33326

ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

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

Jesus Blazquez 360 Palm Blvd Weston, FL, 33326

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 a signature

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ARTICLE IV: MANAGEMENT (Check if applicable).

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

ARTICLE V: The initial member(s) of the Limited Liability Company is/are as follows:

Jesus Blazquez 360 Palm Blvd, Weston, FL, 33326

Jesus Blazquez, 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.)

Jesus Blazquez, Member