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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : BRETT HENDEE, P.A.
Account Number : I19980000066
Phone : (813) 258-1177
Fax Number : (813) 259-1106

LIMITED LIABILITY COMPANY

Four Season Dental Laboratories, LLC

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

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**ARTICLES
OF ORGANIZATION
OF
FOUR SEASON DENTAL LABORATORIES, LLC**

ARTICLE I-Name

The name of the limited liability company shall be FOUR SEASON DENTAL LABORATORIES, LLC.

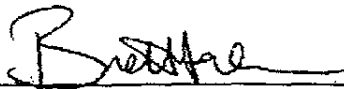
ARTICLE II-Address

The street address and mailing address of the principal office of the limited liability company is: 2502 Rocky Point Drive, STE 1000, Tampa, FL 33607.

ARTICLE III-Registered Agent

The name and the Florida street address for the registered agent of the limited liability company is: Brett Hendee, Esquire, 1700 South MacDill Avenue, STE 200, Tampa, FL 33629.

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 22nd day of March, 2004.



Signature of a member or an authorized representative of a member

(In accordance with Section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Brett Hendee

Typed or printed name of signer


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ACCEPTANCE OF DESIGNATION

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, the undersigned hereby accepts the appointment as registered agent and agree to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of the duties, and the undersigned is familiar with and accepts the obligations of the position as registered agent as provided for in Chapter 608, Florida Statutes.



Brett Hendee
Brett Hendee, P.A.
1700 S. MacDill Avenue, STE 200
Tampa, Florida 33629

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