Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

: (305)634-3694

Fax Number : (305)633-9696.

LIMITED LIABILITY COMPANY

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hidden hills dentistry, llc

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

HIDDEN HILLS DENTISTRY, LLC

ARTICLE I

The name of the Limited Liability Company shall: HIDDEN HILLS DENTISTRY, LLC

ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

ARTICLE III

The mailing address and street address of the principal office of the Limited Liability Company is: 12086 FORT CAROLINE ROAD, UNIT 105, JACKSONVILLE, FL 32225.

ARTICLE IV

The name and the Florida street address of the registered agent are: GERARD E. SCHLOTH, ESQ., 208 PONTE VEDRA PARK DRIVE, SUITE 101, PONTE VEDRA BEACH, FL 32082.

ARTICLE V

The name of the Managing Member of this Company shall be:

MANAGING MEMEBER
PAUL SCHLOTH

MANAGING MEMBER MARIA SCHLOTH

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE/MEMBER/REPRESENTATIVE

HIDDEN HILLS DENTISTEY, LLC.
(Name of Company)

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization. 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.

GERARD, E. Schnont.

Registered Agent

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.)

Typed or printed name of signer

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