

L05000027868

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

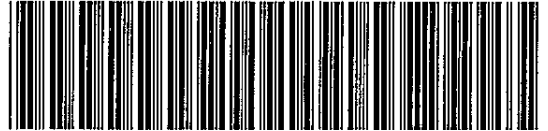
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CORPDIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

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TALLAHASSEE, FLORIDA

CONTACT: KATIE WONSCH

DATE: 3/21/05

REF. #: 0177.36084

CORP. NAME: CHILDREN'S DENTAL HOSPITAL SERVICES, LLC

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 511854 FOR \$ 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
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**ARTICLES OF ORGANIZATION
OF
CHILDREN'S DENTAL HOSPITAL SERVICES, LLC**

The undersigned, being authorized to execute and file these Articles of Organization of Children's Dental Hospital Services, LLC (the "Limited Liability Company"), hereby certifies that:

ARTICLE I — Name:

The name of the Limited Liability Company is:

CHILDREN'S DENTAL HOSPITAL SERVICES, LLC

ARTICLE II — Address:

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

12515 North Kendall Drive
Suite 412
Miami, Florida 33186

ARTICLE III — Duration:

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV — Registered Agent:

The name and address of the registered agent for service of process in the state shall be:

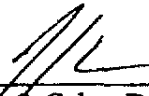
Melvyn S. Gober, D.D.S.
12515 North Kendall Drive
Suite 412
Miami, Florida 33186

ARTICLE V — Management:

The Limited Liability Company will be a member-managed company.

ARTICLE VI - Indemnification

The Limited Liability Company shall indemnify and hold harmless its members against any and all claims and demands whatsoever.



Melvyn S. Gober, D.D.S.
Authorized Signatory

**STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT
CHILDREN'S DENTAL HOSPITAL SERVICES, LLC**

Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by 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 the obligations of my position as a registered agent as provided for in Chapter 608, F.S.



Melvyn S. Gober, D.D.S.

Dated: March 18, 2005