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To:

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

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (212) 431-5000  
Fax Number : (212) 431-1441

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**LIMITED LIABILITY COMPANY**

**CURLEW DENTAL, LLC**

Certificate of Status	0
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Page Count	02
Estimated Charge	\$125.00

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T. Brumley APR 1 2005

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

Curlew Dental, LLC**ARTICLE II - Address:**

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

**Principal Office Address:**2213 CURLEW ROAD  
DUNEDIN, FL 34698**Mailing Address:**102 CARLYLE DR.  
PALM HARBOR, FL 34683**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

JAMES R. PITTS

Name

102 CARLYLE DR.Florida street address (P.O. Box **NOT** acceptable)PALM HARBORFL 34683

City, State, and Zip

*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

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**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:**

**MEMBER**

**DADDY'S DAY FAMILY LIMITED PARTNERSHIP**  
**102 CANVLE DR.**  
**PALM HARBOR, FL 34629**

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

  
Signature of a member or an authorized representative of a member.

(In accordance with section 605.408(5), Florida Statute, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**DADDY'S DAY FAMILY LIMITED PARTNERSHIP**

**JAMES R. PITTS, GM**

**Filing Fees**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 25.00 Certified Copy (Optional)
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