

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)205-0383

Account Name

: BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353. Phone

: (212)431-5000

Fax Number

: (212)431-1441

LIMITED LIABILITY COMPANY

RIDGEWOOD DENTAL PROPERTY, LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | . 0 |
| Page Count | 02 |
| Estimated Charge | \$125.00 |

Electronic Filing Menu

Corporate Filing

Public Access Heip

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| ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY | | |
|---|---|--|
| ARTICLE I - Name: The name of the Limited Liability Company is | ! | |
| RIDGEWOOD DENTAL PROPERTY, LLC | | |
| ARTICLE II - Address: The mailing address and street address of the p | principal office of the Limited Liability Company is: | |
| Principal Office Address: | Mailing Address: | |
| 1750 HIDEAWAY FOREST TRL NEW SMYRNA BEACH, FL 32168 | SAME AS PRINCIPAL OFFICE ADDRESS | |
| ARTICLE III - Registered Agent, Registere | d Office, & Registered Agent's Signature: | |
| The name and the Florida street address of the | registered agent arc: | |
| RICHARD S. WESTBERRY | | |

Name 1750 HIDEAWAY FOREST TRL Florida street address (P.O. Box NOT acceptable)

NEW SMYRNA BEACH 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.

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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:

| <u> </u> | Name and Address: |
|-------------------------------|----------------------------|
| 'MGRM" - Managing Member | |
| MGRM | THE WESTBERRY FAMILY LP |
| | 1750 HIDEWAY FOREST TRL |
| | NEW SMYRNA BEACH, FL 32168 |
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| (Use attachment if necessary) | |
| (Ose attachment it necessary) | |

REQUIRED SIGNATURE:

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

THE WESTBERRY FAMILY LP, MGRM

RICHARD S. WESTBERRY, GP

Filing Fees;

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S 30.00 Certified Copy (Optional)

5 5.00 Certificate of Status (Optional)

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