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M. HODGES

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Division of Corporations

Fax Number : (850)205-0383

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 : (305)634-3694

Fax Number : (305)633-9696

LIMITED LIABILITY COMPANY

marisa napoli, d.m.d., pllc

Certificate of Status 0 Certified Copy 1 Page Count 04 Estimated Charge \$155.00

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HOSOONUBUS Articles of Organization of

MARISA NAPOLI, D.M.D., PLLC

The undersigned natural person(s), of the age of eighteen years or more, acting as organizers of a limited liability company under the State of Florida Limited Liability Company Act, adopt(s) the following Articles of Organization for such limited liability company.

Article 1. Name of Limited Liability Company

The name of this limited liability company is MARISA NAPOLI, D.M.D., PLLC

Article 2. Registered Office and Registered Agent

The initial registered office of this limited liability company and the name of its initial registered agent at this address are:

Marisa Napoli

5190 Stagecoach Drive

Coconut Creek, FL 33073

Article 3. Statement of Purposes

The purposes for which this limited liability company is organized are:

To engage in the lawful practice of dentistry, and to provide dental services to the general public under the laws of the State of Florida.

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Article 4. Management and Names and Addresses of Initial Manager

This will be a manager-managed company. The name and address of each manager is:

Marisa Napoli

5190 Stagecoach Drive

Coconut Creek, FL 33073

Article 5. Principal Place of Business of the Limited Liability Company

The principal place of business of the limited liability company shall be:

5190 Stagecoach Drive

Coconut Creek, FL 33073

Article 6. Period of Duration of the Limited Liebility Company

The period of duration of the limited liability company shall be:

"Perpetual"

Article 7. Company Existence

The Company's existence shall begin effective as of July 11, 2005.

The undersigned authorized representative of a member executed these Articles of Organization on 7/11/2005.

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The Law Offices of Max A. Adams

Max A. Adams, Esq.

STATEMENT OF REGISTERED AGENT

LIMITED LIABILITY COMPANY:

MARISA NAPOLI, D.M.D., PLLC

REGISTERED AGENT/OFFICE:

Marisa Napoli

5190 Stagecoach Drive

Coconut Creek, FL 33073

I agree to act as registered agent to accept service of process for the company named above at the place designated in this Statement. I agree to comply with the provisions of all statutes relating to the proper and complete performance of the registered agent duties. I am familiar with and accept the obligations of the registered agent position.

Marisa Napoli

by Max Adams as attorney-in-fact

Date: 7/11/2005

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