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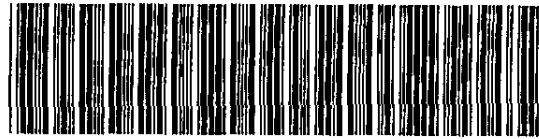
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TRANSMITTAL LETTER

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TO: Registration Section
Division of Corporations

2005 JUL 22 P 2:30

SUBJECT: CHRISTEN MITCHELL DMD LLC
(Name of Limited Liability Company)

SECTION 178.001
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHRISTEN A. MITCHELL
(Name of Person)

CHRISTEN MITCHELL DMD LLC
(Firm/Company)

6550 FIELD SPARROW GLEN
(Address)

BRADENTON, FL 34202
(City/State and Zip Code)

For further information concerning this matter, please call:

ANDREW D. PERINI JR. at (800) 437-9201 X22
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|---|---|--|

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

CHRISTEN MITCHELL DMD LLC

ARTICLE II - Address:

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

Principal Office Address:

6550 FIELD SPARROW GLEN
BRADENTON, FL 34202

Mailing Address:

6550 FIELD SPARROW GLEN
BRADENTON, FL 34202

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

ANDREW D. PERINI JR.

Name

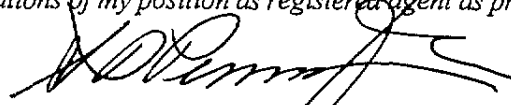
1108 TYLER ST.

Florida street address (P.O. Box **NOT** acceptable)

HOLLYWOOD, FL 33019

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

(CONTINUED)

ORIGINAL

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:

MGR

CHRISTEN A. MITCHELL

6550 SPARROW GLEN

BRADENTON, FL 34202

MGRM

MICHAEL T. MITCHELL

6550 SPARROW GLEN

BRADENTON, FL 34202

(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 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.)

CHRISTEN A. MITCHELL

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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2025 JUL 22 P 2:31

FILED
CLERK OF COURT
HALL COUNTY, FLORIDA



Internal Revenue Service

DEPARTMENT OF THE TREASURY

The
Digital
Daily

Federal Tax ID / EIN

This is your provisional Employer Identification Number:

20-3095625

Today's Date is: July 05, 2005 GMT

You will receive a confirmation letter in U.S. mail within fifteen days.
The letter will also contain useful tax information for your business or organization.

If you have input any of the information on your application in error, please wait seven days and contact the EIN Toll Free area at 1-800-829-4933, Monday - Friday, 7:30am - 5:30pm. If you do not want to call, please make corrections on the letter you receive confirming your EIN and return it to the IRS.

If you are going to complete other on-line applications that require your Employer Identification Number(EIN) you can copy it by performing the following steps:

- 1) Use your mouse to highlight your EIN (blue number on top of page) by moving your pointer on top of the number.
- 2) Press the Ctrl key at the same time pressing the C key.

Once you copy your EIN you can paste it in the appropriate place by pressing the Ctrl key at the same time pressing the V key.

You may click on the buttons below for different print options or to fill out another Form SS-4.

[Review and Print Form SS-4](#)

[Fill Out Another Form SS-4](#)

Click [here](#) to return to the Internet Employer Identification Number landing (start) page.

COPY

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Form SS-4 (Rev. December 2001) Department of the Treasury Internal Revenue Service		Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.		EIN 20-3095625 OMB No. 1545-0003	
1* Legal name of entity (or individual) for whom the EIN is being requested CHRISTEN A MITCHELL					
2 Trade name of business (if different from name on line 1) CHRISTEN MITCHELL DMD LLC			3 Executor, trustee, "care of" name		
4a* Mailing address (room, apt., suite no. and street, or P.O. box) 6550 Field Sparrow Glen			5a Street address (if different) (Do not enter a P.O. box)		
4b* City, state, and ZIP code Bradenton FL 34202 -			5b City, state, and ZIP code		
6* County and state where principal business is located County Bradenton State FL					
7a Name of principal officer, general partner, grantor, owner, or trustor CHRISTEN A MITCHELL DMD			7b SSN, ITIN, EIN 228-27-0866		
8a* Type of entity (check only one) <input type="checkbox"/> Sole Proprietor (SSN) <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶ <input type="checkbox"/> Personal Service <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input checked="" type="checkbox"/> Other (specify) ▶ LLC Disregarded Entity <input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> REMIC <input type="checkbox"/> Group Exemption NO. (GEN) ▶ <input type="checkbox"/> State/local government <input type="checkbox"/> Federal government/military <input type="checkbox"/> Indian tribal government/enterprises					
8b If a corporation, name the state or foreign country (if applicable) where incorporated		State FL		Foreign country	
9* Reason for applying (check only one) <input checked="" type="checkbox"/> Started new business (specify type) ▶ DENTAL <input type="checkbox"/> Hired employees (Check the box and see line 12) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ <input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶					
10* Date business started or acquired (month, day, year) JUL 15 2005			11 Closing month of accounting year DEC		
12 First date wages or annuities were paid or will be paid (month, day, year) <i>Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)</i> ▶ JUL 30 2005					
13 Highest number of employees expected in the next twelve months <i>Note: If the applicant does not expect to have any employees during the period, enter "0"</i> ▶				Agriculture	Household
				Other	0
14* Check box that best describes the principal activity of your business <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input checked="" type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Other (specify) <input type="checkbox"/> Retail					
15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. Dental Services					
16a* Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Note: If "Yes" please complete lines 16b and 16c</i>					
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ Trade name ▶					
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (month, day, year) City and state where filed Previous EIN					
Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form					
Third Party Designee		Designee's name ANDREW D PERINI		Designee's telephone number (include area code) (800) 437 - 9201	
Designee		Address and ZIP code 1108 Tyler St Hollywood FL 33019 -		Designee's fax number (include area code) (202) 836 - 9138	
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Name and title (type or print clearly) ▶ CHRISTEN A MITCHELL DMD				Applicant's telephone number (include area code) (941) 737 - 6899	
Signature ▶ Not Required Date ▶ July 05, 2005 GMT				Applicant's fax number (include area code)	