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DIVISION OF CORPORATIONS
05 JUL 26 PM 12:48

N. Culligan

JUL 26 2005

COHEN GARELICK & GLAZIER

A Professional Corporation of Attorneys at Law

July 21, 2005

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Jeffrey A. Adams‡
Heather Wysong Zaiger
Joshua T. Robertson

* Registered Family Law Mediator
**Registered Family Law & Civil Mediator
~ Certified Indiana Family Law Specialist
† Registered Patent Attorney
‡ Master of Laws in Taxation

VIA CERTIFIED MAIL

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Jay M. Lerner, D.D.S. Aesthetic Dentistry Institute, LLC

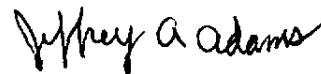
Dear Sir/Madam:

Enclosed please find a Transmittal Letter and Articles of Organization for Florida Limited Liability Company for Jay M. Lerner, D.D.S. Aesthetic Dentistry Institute, LLC, along with our firm's check in the amount of \$125.00 for filing. Please issue a Certificate of Registration and return it to me in the enclosed self-addressed envelope.

Please do not hesitate to contact us should you have any questions or need additional information. Thank you for your attention to this matter.

Sincerely,

COHEN GARELICK & GLAZIER



Jeffrey A. Adams

JAA/sje

Enclosures

cc: Jay M. Lerner, D.D.S.

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jay M. Lerner, D.D.S. Aesthetic Dentistry Institute, LLC
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

Jeffrey A. Adams

(Name of Person)

COHEN GARELICK & GLAZIER

(Firm/Company)

8888 Keystone Crossing Boulevard, Suite 800

(Address)

Indianapolis, IN 46240-4636

(City/State and Zip Code)

For further information concerning this matter, please call:

Jeffrey A. Adams

(Name of Person)

at (317) 573-8888

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" 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 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Jay M. Lerner, D.D.S. Aesthetic Dentistry Institute, LLC

ARTICLE II - Address:

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

Principal Office Address:

5602 PGA Boulevard, Suite 201
Palm Beach Gardens, FL 33418

Mailing Address:

5602 PGA Boulevard, Suite 201
Palm Beach Gardens, FL 33418

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

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

Dr. Jay Lerner, D.D.S.

Name

5602 PGA Boulevard, Suite 201

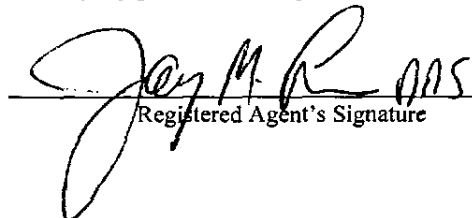
Florida street address (P.O. Box **NOT** acceptable)

Palm Beach Gardens, FL 33418

City, State, and Zip

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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)