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ALDO BELTRANO

561-741-0227

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Florida Department of State

Division of Corporations

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LIMITED LIABILITY COMPANY

ALL SMILES DENTAL ASSISTANT SCHOOL, LLC

Certificate of Status	1
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DIVISION OF CORPORATION

ARTICLES OF ORGANIZATION

ALL SMILES DENTAL ASSISTANT SCHOOL, LLC

A LIMITED LIABILITY COMPANY

(Pursuant to Chapter 608, Florida Statutes)

1. **Name.** The name of the limited liability company is ALL SMILES DENTAL ASSISTANT SCHOOL, LLC.

2. **Purpose.** The purpose of this limited liability company may include the transaction of any and all lawful business for which limited liability companies may be organized in the state of Florida.

3. **Address of Principal Office.** The street address of the principal office of the limited liability company is:

712 US HIGHWAY ONE, NORTH PALM BEACH, FL 33408

4. **Mailing Address.** The mailing address of the limited liability company is:

712 US HIGHWAY ONE, NORTH PALM BEACH, FL 33408

5. **Management.** The limited liability company is to be managed by one or more members and is, therefore, a member-managed company.

6. **Registered Agent, Registered Office, and Registered Agents Signature.** The name and the Florida street address of the registered agent is:

SCOTT G. DUFF
712 US HIGHWAY ONE
NORTH PALM BEACH, FL 33408

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 provisional 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.


SCOTT G. DUFF

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7. Effective Date. The effective date of the limited liability company shall be the date of filing unless otherwise stated below:



SCOTT G. DUFF, Member.

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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