

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
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DIVISION OF CORPORATION

## LIMITED LIABILITY COMPANY

american dental transitions, llc.

Certificate of Status	0
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**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY OF**

**AMERICAN DENTAL TRANSITIONS, LLC.**

**ARTICLE I**

The name of the Limited Liability Company shall: AMERICAN DENTAL TRANSITIONS, LLC

**ARTICLE II**

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

**ARTICLE III**

The mailing address and street address of the principal office of the Limited Liability Company is: 7700 N. KENDALL DRIVE, SUITE #515, MIAMI, FL 33156.

**ARTICLE IV**

The name of the Managing Member(s) of this company shall be:

**Managing Member**  
CARLOS PARGAS

**ARTICLE V**

The name and the Florida street address of the registered agent: CARLOS B. PARGAS, 7700 N. KENDALL DRIVE, SUITE #515, MIAMI, FL 33156.

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**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED  
OFFICE/MEMBER/REPRESENTATIVE**

American Dental Transitions, LLC.  
(Name of Company)

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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.

Carlos B. Pargas  
Registered Agent



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.)

Carlos B. Pargas  
Typed or printed name of signer

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