

L05000113085

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

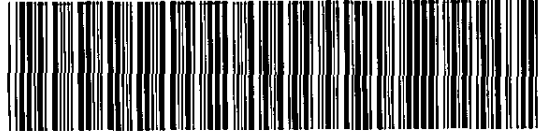
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.
[Handwritten signature]

Office Use Only



500061399145

11/23/05 11:03:00 *\$125.00

FILED

05 NOV 23 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

05 NOV 23 PM 3:03

STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: KATIE WONSCH

DATE: 11/23/2005

REF. #: 000177.44702

CORP. NAME: MAIN STREET CHILDREN'S DENTISTRY AND ORTHODONTICS, LLC

FILED
05 NOV 23 PM 4: 26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 515062 FOR \$ 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

**ARTICLES OF ORGANIZATION
OF
MAIN STREET CHILDREN'S DENTISTRY AND
ORTHODONTICS, LLC**

The undersigned, being authorized to execute and file these Articles of Organization of Main Street Children's Dentistry and Orthodontics, LLC (the "Limited Liability Company"), hereby certifies that:

ARTICLE I — Name:

The name of the Limited Liability Company is:

MAIN STREET CHILDREN'S DENTISTRY AND ORTHODONTICS, LLC

ARTICLE II — Address:

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

12515 North Kendall Drive
Suite 412
Miami, Florida 33186

ARTICLE III — Duration:

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV — Registered Agent:

The name and address of the registered agent for service of process in the state shall be:

Melvyn S. Gober, D.D.S.
12515 North Kendall Drive
Suite 412
Miami, Florida 33186

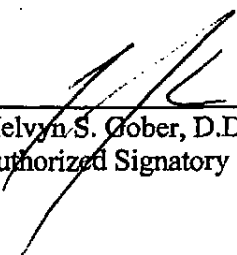
ARTICLE V — Management:

The Limited Liability Company will be a member-managed company.

FILED
NOV 23 PM 4:26
CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI – Indemnification

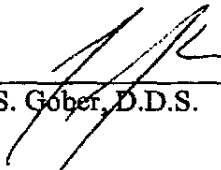
The Limited Liability Company shall indemnify and hold harmless its members against any and all claims and demands whatsoever.



Melvyn S. Gober, D.D.S.
Authorized Signatory

**STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT
MAIN STREET CHILDREN'S DENTISTRY AND ORTHODONTICS, LLC**

Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by 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 the obligations of my position as a registered agent as provided for in Chapter 608, F.S.



Melvyn S. Gobet, D.D.S.

Dated: 11/22, 2005