Electronic Articles of Organization
For
Florida Limited Liability Company

L05000121156
FILED 8:00 AM
December 20, 2005
Sec. Of State
tcline

Article I

The name of the Limited Liability Company is:

LYNNE FALES ORTHODONTIC CONSULTING, L.L.C

Article II

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

117 INLETS BLVD
NOKOMIS, FL. US 34275

The mailing address of the Limited Liability Company is:

PO BOX 1749
NOKOMIS, FL. US 34274

Article III

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

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

FALES LYNNE
117 INLETS BLVD
NOKOMIS, FL. 34275

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.

Registered Agent Signature: LYNNE FALES

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Article V

The name and address of managing members/managers are:

Title: MGR
FALES LYNNE
117 INLETS BLVD
NOKOMIS, FL. 34275 US

Article VI

The effective date for this Limited Liability Company shall be:

12/19/2005

Signature of member or an authorized representative of a member

Signature: LYNNE FALES