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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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Phone : (305) 634-3694  
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DIVISION OF CORPORATION

FLORIDA/FOREIGN LIMITED LIABILITY CO.

ewaldo wendler, dds, pllc

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**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY OF**

**EWALDO WENDLER, DDS, PLLC**

**ARTICLE I**

**The name of the Limited Liability Company shall: EWALDO  
WENDLER, DDS, PLLC**

**ARTICLE II**

**The Company's sole purpose is for a dental office.**

**ARTICLE III**

**The mailing address and street address of the principal office of the  
Limited Liability Company is: 7441 WAYNE AVENUE, APT. # 12-P,  
MIAMI BEACH, FL 33141.**

**ARTICLE IV**

**The name and the Florida street address of the registered agent:  
EWALDO WENDLER, 7441 WAYNE AVENUE, APT. 12-P, MIAMI BEACH,  
FL 33141.**

**ARTICLE V**

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

**Managing Member**

**EWALDO WENDLER**

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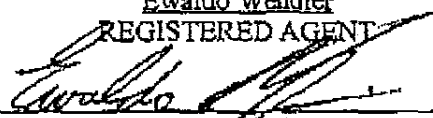
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CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE  
MEMBER/REPRESENTATIVE

Ewaldo Wendler, DDS, PLLC  
NAME OF COMPANY

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED PROFESSIONAL LIMITED LIABILITY COMPANY AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, 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.

Ewaldo Wendler  
REGISTERED AGENT  


SIGNATURE OF A MEMBER OR AN AUTHORIZED REPRESENTATIVE  
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.)

Ewaldo Wendler  
TYPED OR PRINTED NAME OF SIGNED

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