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FLORIDA/FOREIGN LIMITED LIABILITY CO.
cooper city family destistry, llc

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**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY OF
COOPER CITY FAMILY DENTISTRY, LLC**

ARTICLE I

The name of the Limited Liability Company shall: COOPER CITY FAMILY DENTISTRY, 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. The 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: 5900 HIATUS ROAD, SUITE 300, COOPER CITY, FL 33330

ARTICLE IV

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

Managing Member
ALFREDO MARTIN

ARTICLE V

The name and the Florida street address of the registered agent: ALFREDO MARTIN, 15001 EGAN LANE, MIAMI LAKES, FL 33014

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

COOPER CITY FAMILY DENTISTRY, LLC

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.

ALFredo MARTIN

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.)

ALFredo MARTIN
Typed or printed name of signee

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