

LOG000087403

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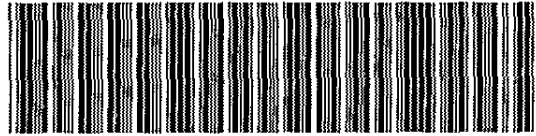
(Business Entity Name)

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06 SEP -6 AM 11:38

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SECRETARY OF STATE  
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: 09/06/06

REF. #: 000174.56962

CORP. NAME: ROBERT D. JACKSON, DMD, PLLC

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SECURITY 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# 518376 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

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| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

# ARTICLES OF ORGANIZATION

ROBERT D. JACKSON, DMD, PLLC,  
a Florida professional limited liability company

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE I NAME

The business and affairs of the Professional Limited Liability Company shall be conducted under the name of:

ROBERT D. JACKSON, DMD, PLLC

## ARTICLE II PRINCIPAL OFFICE

The street address of the principal place of business of the Professional Limited Liability Company within the State of Florida shall be:

3900 Clark Road, Suite A1  
Sarasota, Florida 34233

and, the mailing address of the Professional Limited Liability Company shall be:

P.O. Box 21546  
Sarasota, Florida 34231

## ARTICLE III INITIAL REGISTERED AGENT/OFFICE

The registered office of the Professional Limited Liability Company and its initial registered agent shall be:

Robert D. Jackson

3900 Clark Road, Suite A1  
Sarasota, Florida 34233

ARTICLE IV  
MANAGEMENT AND POWERS

The business and affairs of the Professional Limited Liability Company shall be managed by one or more Managers elected as provided in the Regulations of the Professional Limited Liability Company.

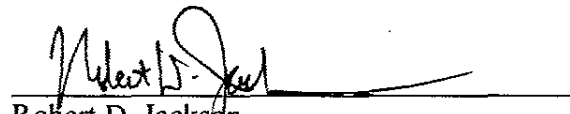
ARTICLE V  
PURPOSES

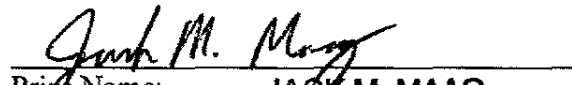
The purposes of the Professional Limited Liability Company are to engage in the practice of dentistry and any activity or business permitted under the laws of the United States and the State of Florida.

IN WITNESS WHEREOF, these Articles of Organization have been executed as of the 1st day of September, 2006.

WITNESSES: \_

  
Print Name: Barbara J. Middleton

  
Robert D. Jackson

  
Print Name: JACK M. MAAG

“MANAGER”

CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 608.415 of the Florida Statutes, the undersigned Professional Limited Liability Company submits the following statement to designate a registered office and registered agent in the State of Florida.

1. The name of the Professional Limited Liability Company is:

ROBERT D. JACKSON, DMD, PLLC


2. The name and the Florida street address of the registered agent are:

Robert D. Jackson  
3900 Clark Road, Suite A1  
Sarasota, Florida 34233

Having been named 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Date: \_\_\_\_\_

9/1/06

  
Robert D. Jackson

"REGISTERED AGENT"