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2006 NOV 14 PM 12:51  
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W06-49828  
J. BRYAN NOV 14 2006



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 597708 148589A

AUTHORIZATION :

COST LIMIT : \$ 155.00

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*[Handwritten Signature]*

ORDER DATE : November 14, 2006

ORDER TIME : 11:23 AM

ORDER NO. : 597708-015

CUSTOMER NO: 148589A

DOMESTIC FILING

NAME: DR. JUAN I. SANTOS &  
ASSOCIATES, PL

EFFECTIVE DATE:

\_\_\_\_ ARTICLES OF INCORPORATION  
\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds - EXT. 2933

EXAMINER'S INITIALS: \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 14, 2006

CSC  
ATTN: JEANINE REYNOLDS

SUBJECT: DR. JUAN I. SANTOS & ASSOCIATES, PL  
Ref. Number: W06000049828

**FILED**  
06 NOV 14 AM 11:26  
RECEIVED  
06 NOV 15 AM 8:45  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

We have received your document for DR. JUAN I. SANTOS & ASSOCIATES, PL and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific purpose of the entity must be set forth in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan  
Document Specialist

Letter Number: 206A00066686

**RESUBMIT**

Please give original  
submission date as file date.

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

DR. JUAN I. SANTOS & ASSOCIATES, PL

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L."

**ARTICLE II - Address:**

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

**Principal Office Address:**

331 N. MAITLAND AVENUE

SUITE D-4

MAITLAND, FL 32751

**Mailing Address:**

331 N. MAITLAND AVENUE

SUITE D-4

MAITLAND, FL 32751

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

DR. JUAN I. SANTOS

Name

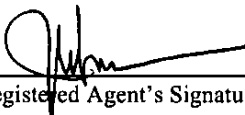
331 N. MAITLAND AVEUNE, SUITE D-4

Florida street address (P.O. Box **NOT** acceptable)

MAITLAND, FL 32751 FL

City, State, and Zip

*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 as provided for in Chapter 608, F.S..*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

DR. JUAN I. SANTOS

331 N. MAITLAND AVENUE, SUITE D-4

MAITLAND, FL 32751

\_\_\_\_\_

\_\_\_\_\_

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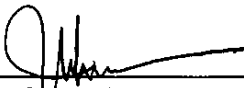
The purpose is for practice of Dentistry

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**



\_\_\_\_\_  
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.)

JUAN I. SANTOS

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**