# Electronic Articles of Organization For Florida Limited Liability Company

L07000021485 FILED 8:00 AM February 26, 2007 Sec. Of State jbryan

### **Article I**

The name of the Limited Liability Company is: DENTOFACIAL ORTHOPEDICS, LLC

#### **Article II**

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

1695 SOUTH CLUB DRIVE WELLINGTON, FL. US 33414

The mailing address of the Limited Liability Company is:

14644 VIA TIVOLI CT DAVIE, FL. US 33325

#### **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:

NILSA H TOLEDO DR 1695 SOUTH CLUB DRIVE WELLINGTON, FL. 33414

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: NILSA TOLEDO

## **Article V**

The name and address of managing members/managers are:

Title: MGR NILSA H TOLEDO DR 1695 SOUTH CLUB DRIVE WELLINGTON, FL. 33414 US

Title: MGRM HUMBERTO I CARRASQUERO SR P.O. BOX 211044 WEST PALM BEACH, FL. 33421 US

Signature of member or an authorized representative of a member

Signature: DR. NILSA H TOLEDO

L07000021485 FILED 8:00 AM February 26, 2007 Sec. Of State jbryan