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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

drcharlesblair

May 2, 2007

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Sara M. Droker, DMD, PLLC

Dear Sirs:

Please find enclosed the Articles of Organization for Sara M. Droker, DMD, PLLC, as well as a check for the filing fees. If you have any questions or concerns regarding this filing, please do not hesitate to contact me.

Sincerely,

Joseph D. Jordan
Dr. Charles Blair & Associates, Inc.

ENC: Articles, Copy, Check

Pinnacle Professional Park
547 Highland Street
Mt. Holly, NC 28120

office: 704-827-6295
fax. 704-822-3142

charles@drcharlesblair.com
www.drcharlesblair.com

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sara M. Droker, DMD, PLLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joseph D. Jordan
(Name of Person)

Dr. Charles Blair & Associates
(Firm/Company)

547 Highland Street
(Address)

Mt. Holly, NC 28120
(City/State and Zip Code)

For further information concerning this matter, please call:

Joseph D. Jordan at (704) 827-6295
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ $125.00 Filing Fee ☐ $130.00 Filing Fee & Certificate of Status ☐ $155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☑ $160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 7, 2007

JOSEPH D. JORDAN
DR. CHARLES BLAIR & ASSOCIATES
547 HIGHLAND STREET
MT. HOLLY, NC 28120

SUBJECT: SARA M. DROKER, DMD, PLLC
Ref. Number: W07000021921

We have received your document for SARA M. DROKER, DMD, PLLC and your check(s) totaling $160.00. 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) 245-6967.

Leslie Sellers
Document Specialist

Letter Number: 507A00031821

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Sara M. Droker, DMD, PLLC
(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	**Mailing Address:**
106 N. Old Kings Road, Suite A Ormond Beach, FL 32174-5177	Same as Principal Office

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:

Sara M. Droker, DMD
Name

106 N. Old Kings Road, Suite A
Florida street address (P.O. Box NOT acceptable)

Ormond Beach FL 32174-5177
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)

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TALLAHASSEE, FLORIDA

(CONTINUED)

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	Sara M. Droker, DMD 106 N. Old Kings Road, Suite A Ormond Beach, FL 32174-5177

(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.)

Sara M. Droker, DMD
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)

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2007 MAY 15 AM 8:40
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TALLAHASSEE, FLORIDA

Exhibit "A"

The specific purpose of Sara M. Droker, DMD, PLLC is general dentistry.