

L07000066239

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

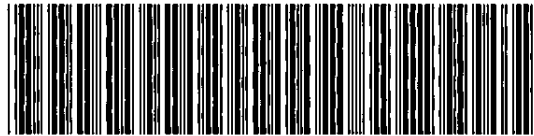
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DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

FILED
07 JUN 25 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 965440 81002A

AUTHORIZATION :

Lyndee

COST LIMIT : \$ 155.00

ORDER DATE : June 25, 2007

ORDER TIME : 10:39 AM

ORDER NO. : 965440-005

CUSTOMER NO: 81002A

DOMESTIC FILING

NAME: DR. RAJIV PATEL, BDS, MDS,
LLC

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: Kathy Drake - EXT. 2959

EXAMINER'S INITIALS: _____

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is **DR. RAJIV PATEL, BDS, MDS, LLC.**

ARTICLE II - Address:

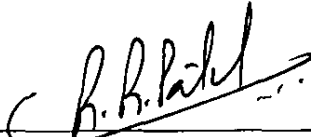
The mailing address and street address of the principal office of the Limited Liability Company is 120 East New York Avenue, Suite E, DeLand, FL 32724.

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

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

RAJIV R. PATEL
120 East New York Avenue, Suite E
DeLand, FL 32724

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

ARTICLE IV: Management (Check box if applicable.)

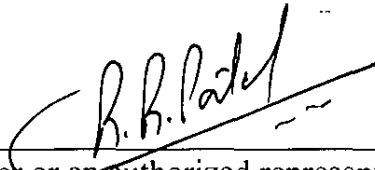
☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

Title

Name and Address

Managing Member

RAJIV R. PATEL
120 East New York Avenue, Suite E
DeLand, FL 32724



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.)

Typed or printed name of signee

MST/abo