

08/30/2007 1:33 FAX 9414850311

Bechtold & Corbridge, P.A.

2001/003

LO7000089532

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H07000218691 3)))



H070002186913ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : BECHTOLD & CORBRIDGE, P.A.
Account Number : I20050000034
Phone : (941)488-7751
Fax Number : (941)485-0311

FLORIDA/FOREIGN LIMITED LIABILITY CO.

SHAUN D. GRASER, DMD, PLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

RECEIVED

07 AUG 30 AM 6:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 AUG 30 A 10:32

FILED

AL

((H07000218691 3)))

ARTICLES OF ORGANIZATION
OF
SHAUN D. GRASER, DMD, PLC

This Professional Limited Liability Company (the "Limited Liability Company") is organized under the provisions of F.S. Chapters 608 and 621, for the purpose of providing the professional services as are hereunder specified.

ARTICLE I - NAME

The name of the Company is SHAUN D. GRASER, DMD, PLC

ARTICLE II - DURATION

The duration of the Company is perpetual.

ARTICLE III - ADDRESS AND PLACE OF BUSINESS

The mailing address and street address of the principal place of the principal office of the Company in Florida is:

321 Nokomis Avenue S.
Venice, Florida 34285

ARTICLE IV - PURPOSE

The purposes of the Company shall be limited to general dentistry services to the public and any lawful business purpose or activity permitted by the Florida Limited Liability Company Act (the "Act").

ARTICLE V - NAME AND STREET ADDRESS OF REGISTERED AGENT

The name and address of the initial registered agent in Florida for the Company is as follows:

C. KELLEY CORBRIDGE
240 Nokomis Avenue So., Suite 200
Venice, Florida 34285

ARTICLE VI - MEMBERS

The Company shall have such Members as may be admitted from time to time in accordance with these Articles of Organization and the Operating Agreement of the Company.

((H07000218691 3)))

FILED
2007 AUG 30 A 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(((H07000218691 3)))

ARTICLE VII - MANAGEMENT

The Company is to be member-managed as provided in the Operating Agreement. The name and address of such manager, who will serve as manager until the first annual meeting of Members or until his successor or successors is elected and qualified, is as follows:

SHAUN D. GRASER, DMD
321 Nokomis Avenue S.
Venice, Florida 34285

ARTICLE VIII - INDEMNIFICATION

The Company shall indemnify each managing Member, manager and officer to the fullest extent permitted by the Florida Limited Liability Company Act.

ARTICLE IX - COMMENCEMENT OF EXISTENCE

In accordance with Section 608.409, Florida Statutes, the date when existence of the Company shall commence is the date of subscription and acknowledgment of these Articles of Organization. In the event these Articles of Organization are not filed within the time period set forth in Section 608.409, Florida Statutes, the date when existence of the Company shall commence is the date of filing by the Secretary of State.

2007 AUG 30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Under penalties of perjury I declare that I have read the foregoing Articles of Organization and that the facts alleged are true, to the best of my knowledge and belief.

Dated: 8/29, 2007


SHAUN D. GRASER, DMD, Member

ACCEPTANCE BY REGISTERED AGENT

I, the undersigned appointed registered agent of SHAUN D. GRASER, DMD, PLC, being familiar with the obligations of such position, hereby accept such appointment, agree to act in such capacity and accept the obligations proposed by Section 608.415, Florida Statutes.

Dated: August 29, 2007


C. KELLEY CORBRIDGE., Registered Agent

(((H07000218691 3)))