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To:

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

From:

Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800) 494-3124
Fax Number : (305) 675-2811

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

DMD Service Group LLC

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II07000230763 3

ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:
DMD Service Group LLC

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:
5776 NW 56 Manor
Coral Springs FL 33067

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

The name and the Florida street address of the registered agent are:
Donna Duncan
5776 NW 56 Manor
Coral Springs FL 33067

Having been named as registered agent 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..



Donna Duncan Registered Agent's Signature

II07000230763 3

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H07000230763 3

PAGE 2 DMD Service Group LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member-Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER

Donna Duncan

5776 NW 56 Manor

Coral Springs FL 33067

x *Donna Duncan*

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.

NAME OF SIGNER Donna Duncan
Typed or printed name of signee

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