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## **CT CORP**

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### 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

D	ate:	7/21/2020			
		Acc#I20160000072	- w: DW		
Name:	DYNAMIC	DENTAL PARTNERS,	LLC		
Document #:					
Order #:	13126012				
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing:					
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#### **COVER LETTER**

TO: Amendment Section	
Division of Corporations	
SUBJECT: Dynamic Dental Partners, LLC	•
Name of Surviving Entity	
The enclosed Articles of Merger and fee are submitted for filing	•
Please return all correspondence concerning this matter to follow	ving:
Dr. Alessandro A. Giannini	
Contact Person	
PI-DDS Management, LLC	
Firm/Company	
8429 Lorraine Road, #426	
Address	
Lakewood Ranch, Florida. 34202	
City/State and Zip Code	
agiannini@pi-ddsmanagement.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Dr. Alessandro A. Giannini 941 At (	504-6424
Name of Contact Person	Area Code & Daytime Telephone Number



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Certified copy (optional) \$8.75 (Please send an additional copy of your document if a certified copy is requested

#### Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### **Street Address:**

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

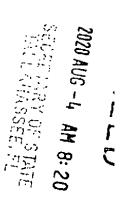
# Articles of Merger For Florida Limited Liability Company

The following Articles of Merger is submitted to merge the following Florida Limited Liability Company(ies) in account s. 605.1025, Florida Statutes.

FIRST: The exact name, form/entity type, and jurisdiction for each merging party are as follows:

Name	Jurisdiction	Form/Entity Type			
Dynamic Dental Smiles - Fruitville, P.A.	FL 207-125793	PA			
Dynamic Dental Smiles - Gulf Gate, P.A.	FL907-125309	PA			
Quality Dental Care of Port Charlotte, P.A.	FL907-125110_	PA			
George Strickland DDS, PA	FL 908-19637	PA			
Dynamic Dental Partners Arizona LLC	AZ	LLC			
SECOND: The exact name, form/entity type, and jurisdiction of the <u>surviving</u> party are as follows:					
Name	Jurisdiction	Form/Entity Type			
Dynamic Dental Partners, LLC	FL	LLC			

THIRD: The merger was approved by each domestic merging entity that is a limited liability company in accordance ss.605.1021-605.1026; by each other merging entity in accordance with the laws of its jurisdiction; and by each men such limited liability company who as a result of the merger will have interest holder liability under s.605.1023(1)(b



FOOR	Trease check one of the box	.cs that ap	bis to an attained curris	(ii approadio)
Ø	This entity exists before the merg are attached.	ger and is	a domestic filing entity	y, the amendment, if any to its public organ
	This entity is created by the merger and is a domestic filing entity, the public organic record is attached.			
	This entity is created by the merger and is a domestic limited liability limited partnership or a domestic limited liability partnership, its statement of qualification is attached.			
	This entity is a foreign entity tha mailing address to which the dep Florida Statutes is:	it does no partment i	t have a certificate of a may send any process s	uthority to transact business in this state. T served pursuant to s. 605.0117 and Chapter
				7 July 1
				32.2
<u>FIFT</u>	H: This entity agrees to pay any m	iembers v	vith appraisal rights the	amount, to which members are entited un
ss.60	5.1006 and 605.1061-605.1072, F.	S.		<u> </u>
SIXT	H: If other than the date of filing.	the delay	red effective date of the	e merger, which cannot be prior to not mon
days	after the date this document is filed	i by the F	lorida Department of S	State:
Note	If the date inserted in this block	does not r	meet the applicable stat	tutory filing requirements, this date will not
as the	document's effective date on the	Departmo	ent of State's records.	
SEV	ENTH: Signature(s) for Each Par	ty:		
		•		Typed or Printec
Name of Entity/Organization: Signature(s):			Name of Individ Dr. Alessandro A. C	
Dy	namic Dental Partners, LLC		- <del></del>	Dr. Alessandio A. C
Dy	namic Dental Smiles - Fruitville	e, P.A.		Dr. Alessandro A. C
Dy	namic Dental Smiles - Gulf Gat	te, P.A.		Dr. Alessandro A. (
Qu	ality Dental Care of Port Charle	otte, PA	age ST	Dr. George Stric
Ge	orge Strickland DDS, PA	<u> </u>	CEpSt	Dr. George Strickl
Dy	namic Dental Partners Arizona	LLC		Dr. Alessandro A
Com	orations:		nan, Vice Chairman, Pr	
General partnerships: Florida Limited Partnerships: Non-Florida Limited Partnerships:  Off no directors selected, signature of incorporator.)  Signature of a general partner or authorized person  Signatures of all general partners  Signature of a general partner				
			<del>-</del>	
	ted Liability Companies:	Signati	ure of an authorized pe	rson
				For each Corporation:
<u>Fees</u>			\$25.00	For each General Partnership:
	For each Limited Partnership: For each Other Business Entit		\$52,50 \$25.00	Certified Copy (optional):
	Lor cach Omer promess curre	J.	<b>ው</b> ደጋ.ህህ	

FUUR	.TH: Please check one of the b	oxes macaj	ppry to surviving end	ity. (it applicable)	
Ø	This entity exists before the me are attached.	erger and is	a domestic filing en	tity, the amendment, i	if any to its public organic r
	This entity is created by the mo	erger and is	a domestic filing en	tity, the public organi	c record is attached.
	This entity is created by the me Hability partnership, its statem			iability limited partne	rship or a domestic limited
	This entity is a foreign entity the mailing address to which the differential Statutes is:	hat does no epartment (	it have a certificate of may send any proces	f authority to transact s served pursuant to s	business in this state. The . 605.0117 and Chapter 48.
					S 20
					20 <b>2</b>
					<u>ි සි දි</u>
ss.605.	<ul> <li>I: This entity agrees to pay any 1006 and 605.1061-605.1072. F</li> <li>I: If other than the date of filing the the date this document is file.</li> </ul>	S.S. g, the delay	red effective date of t	he merger, which can	S S &
SEVE Name	If the date inserted in this block document's effective date on the NTH: Signature(s) for Each Pa of Entity/Organization:  amic Dental Partners, LLC	: Departme	nt of State's records.  Signature(s):	and only ming requires	Typed or Printed Name of Individual: Dr. Alessandro A. Gian
Dyna	mic Dental Smiles - Fruitvill	e, P.A.		15	Dr. Alessandro A. Gian
Dyna	amic Dental Smiles - Gulf Ga	ite, P.A.			Dr. Alessandro A. Gian
Qual	ity Dental Care of Port Charle	otte, PA			Dr. George Strickla
Geor	ge Strickland DDS, PA				Dr. George Strickland
Dyn	amic Dental Partners Arizona	LLC	13		Dr. Alessandro A. Gia
Corpo	rations:	(If no di		ature of incorporator	
Florid Non-F	al partnerships: a Limited Partnerships: lorida Limited Partnerships: d Liability Companies:	Signatur Signatur	re of a general partneres of all general part re of a general partnere of an authorized per re of an authorized per	r rrson	
Fees:	For each Limited Liability Co	mnany:	\$25.00	For each Corporate For each General	Dartnarchin:
1 0057	For each Limited Partnership:	•	\$52.50	Certified Copy (	ontional):
	For each Other Business Entit		\$25.00	<del></del>	\$30