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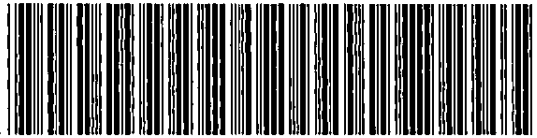
(Business Entity Name)

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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Norman Lurie DMD PL

- ☐ Art of Inc. File_____
- ☐ LTD Partnership File_____
- ☐ Foreign Corp. File_____
- ☒ L.C. File_____
- ☐ Fictitious Name File_____
- ☐ Trade/Service Mark_____
- ☐ Merger File_____
- ☐ Art. of Amend. File_____
- ☐ RA Resignation_____
- ☐ Dissolution / Withdrawal_____
- ☐ Annual Report / Reinstatement_____
- ☐ Cert. Copy_____
- ☒ Photo Copy_____
- ☐ Certificate of Good Standing_____
- ☐ Certificate of Status_____
- ☐ Certificate of Fictitious Name_____
- ☐ Corp Record Search_____
- ☐ Officer Search_____
- ☐ Fictitious Search_____
- ☐ Fictitious Owner Search_____
- ☐ Vehicle Search_____
- ☐ Driving Record_____
- ☐ UCC 1 or 3 File_____
- ☐ UCC 11 Search_____
- ☐ UCC 11 Retrieval_____

Signature

Requested by:

LW 12/12

Name

Date

Time

**ARTICLES OF ORGANIZATION FOR
PROFESSIONAL SERVICE LIMITED LIABILITY COMPANY**

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

ARTICLE I — NAME

The name of the Limited Liability Company is: NORMAN LURIE, D.M.D., P.L.

ARTICLE II — ADDRESS

The mailing and street address of the principal office of the Limited Liability Company is: 3020 North Military Trail, Suite 250, Boca Raton, Florida 33431

ARTICLE III — AREAS OF PRACTICE


The areas of practice of the Limited Liability Company are limited to: Dentistry.

ARTICLE IV — MANAGEMENT

The Limited Liability Company is a member-managed Limited Liability Company. The Limited Liability Company shall be managed by the manager who is designated, appointed, or elected to act in such capacity in accordance with the Operating Agreement of the Limited Liability Company.

The persons who are designated or appointed as manager shall carry out and further the decisions and actions of the manager or member made pursuant to the Operating Agreement and shall be authorized to execute on any and all reports, forms, instruments, documents, papers, writings, agreements, and contracts, including but not limited to deeds, bills of sale, assignments, leases, promissory notes, mortgages, and security agreements and any other type or form of document by which property or property rights of the Company are transferred or encumbered, or by which debts and obligations of the Company are created, incurred, or evidenced, which are necessary, appropriate, or beneficial to carry out or further such decisions or actions.

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.



Norman Lurie, D.M.D.

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TALLAHASSEE, FLORIDA

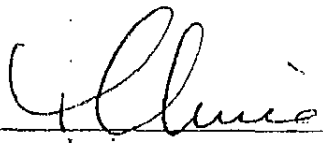
**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, NORMAN LURIE, D.M.D., P.L., A LIMITED LIABILITY COMPANY, SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is NORMAN LURIE, D.M.D., P.L.
2. The name and the Florida street address of the registered agent are:

Norman Lurie
3020 North Military Trail
Suite 250
Boca Raton, Florida 33431

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.



Norman Lurie