## Florida Department of State

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# FLORIDA/FOREIGN LIMITED LIABILITY CO.

THOMAS R. MCLAUGHLIN, D.D.S., P.L.

Certificate of Status Certified Copy 1 Page Count 02 Estimated Charge \$160.00

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Florida Dept of State



January 4, 2008

FLORIDA DEPARTMENT OF STATE

WILLIAMS PARKER HARRISON DIETZ & GETEEN Corporations

SUBJECT: THOMAS R. MCLAUGHLIN, D.D.S. P.L.

REF: W08000000415

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Marsha Thomas Regulatory Specialist II FAX Aud. #: E08000001919 Letter Number: 408A00000621

P.O BOX 6327 - Tallahassee, Florida 32314

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# ARTICLES OF ORGANIZATION OF THOMAS R. MCLAUGHLIN, D.D.S., P.L.

The undersigned, an authorized representative, hereby subscribes to these Articles of Organization to form a limited liability company (the "Company") under the Florida Limited Liability Company Act (Chapter 608, Florida Statutes) and the Professional Service Corporation and Limited Liability Company Act (Chapter 621, Florida Statutes) and in accordance with F.S. § 608.407.

- 1. Name. The name of the Company is Thomas R. McLaughlin, D.D.S., P.L.
- 2. <u>Purposes</u>. The purposes for which this Company is organized are as follows:

To acquire, establish, own, maintain, manage, operate, conduct, carry on and engage in the practice of dentistry, and to make any and all investments and/or own any and all property in the United States or elsewhere authorized or permitted by Chapters 608 and 621, Florida Statutes.

In the course or furtherance of such practice of dentistry, to invest funds in real estated mortgages, stocks, bonds or any other investments of any conceivable type whatsoevers and to own any real or personal property necessary or incidental to such practice of dentistry.

In general, to do and perform any and all acts and things whatsoever which may be or become necessary, desirable, proper, convenient, connected with or related or incident to the foregoing purposes or powers but which are not forbidden by the laws of the State of Florida; provided, however, that this Company shall not do any act or thing in conflict with any laws of the State of Florida applicable to the practice of dentistry.

- 3. <u>Mailing Address and Address of Principal Office of Company</u>. The mailing address and the principal office address of the Company is 785 West Granada Blvd., Suite 3, Ormond Beach, Florida 32174.
- 4. <u>Name and Street Address of Initial Registered Agent</u>. The name and street address of the Company's initial registered agent is Thomas J. McLaughlin, 200 South Orange Avenue, Sarasota, Florida 34236.
- 5. <u>Management</u>. The Company shall be a manager-managed company. The name and address of the initial manager of the Company is as follows:

Thomas R. McLaughlin, D.D.S. 785 West Granada Blvd., Sulte 3 Ormond Beach, Florida 32174 OS JAN -L AM S. I.

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- Existence. In accordance with F.S. § 608.409, the Company's existence shall begin on January 1, 2008.
- Members. Membership in the Company is restricted to professional limited liability companies, professional corporations, and individuals who themselves are duly licensed or otherwise legally authorized to engage in the practice of dentistry in the State of Florida. No member of the Company shall enter into any type of agreement vesting another person with the authority to exercise any of that member's voting power in the Company.
- Amendment. These Articles of Organization may be amended in the manner provided in the Operating Agreement of the Company.

In witness whereof, the undersigned authorized representative has executed these Articles of Organization as of the day of December 2007 (the "Execution Date").

k-McLaughlin Thomas

## **ACKNOWLEDGEMENT OF REGISTERED AGENT**

In accordance with F.S. §§ 608.407(c) and 608.415, the undersigned is familiar with the obligations imposed on the position of registered agent by the Florida Limited Liability Company Act and hereby accepts appointment as the initial registered agent of the Company.

In witness whereof, the undersigned has executed this Acknowledgement of Registered Agent as of the Execution Date.

> Momas J. McLaughlin Registered Agr

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