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(Requestor's Name)

(Address)

(Address)

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N. Colligan JUN - 2 2008

DENTAL EXPRESSIONS
LASER DENTISTRY OF NAPLES

May 28, 2008

Secretary of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

Re: Dental Expressions of Fort Myers

Dear Sir/Madam:

Enclosed are the original documents of the Articles of Organization prepared for the initial filing for the above Limited Liability Company. Please provide a certified copy of the Articles of Incorporation. We have enclosed our check in the amount of $155.00 for your filing and Certified Copy.

Thank You,

Sincerely,

Ramon Padilla, D.D.S.

[redacted]

Ramon Padilla D.D.S.

5050 Tamiami Trail North • Suite A • Naples, Fl 34103 • Tel: (239) 262.6364 • Fax: (239) 262.7970 • www.mydentaleexpressions.com

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Dental Expressions of Fort Myers L.L.C.
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ramon Padilla D.D.S.
(Name of Person)

Dental Expressions of Fort Myers L.L.C.
(Firm/Company)

3230 The Forum Boulevard
(Address)

Fort Myers FL 33905
(City/State and Zip Code)

For further information concerning this matter, please call:

Ramon Padilla or Solymar at (239) 262-6364
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ $125.00 Filing Fee ☐ $130.00 Filing Fee & Certificate of Status ☒ $155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ $160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Dental Expressions of Fort Myers L.L.C.
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

3230 The Forum Blvd.
Ft. Myers FL 33905

Mailing Address:

3230 The Forum Blvd.
Ft. Myers FL 33905

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Ramon Padilla
Name

210 Monterey Drive
Florida street address (P.O. Box **NOT** acceptable)

Naples FL 33905
City, State, and Zip

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TALLAHASSEE FLORIDA

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 as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing Member	**Name and Address:**
MGR	Ramon Padilla 210 Monterey Drive Naples FL 34119
MGRM	Solymar Santiago-Norat 210 Monterey Drive Naples FL 34119

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

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TALLAHASSEE FLORIDA

Solymar Santiago-Norat
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.)

Solymar Santiago-Norat
Typed or printed name of signee

Filing Fees:

$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
$ 30.00 Certified Copy (Optional)
$ 5.00 Certificate of Status (Optional)