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CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

William T. Grant, D.M.D., LLC

Filing Evidence

- ☐ Plain/Confirmation Copy
- ☒ Certified Copy

Type of Document

- ☐ Certificate of Status
- ☒ Certificate of Good Standing
- ☐ Articles Only
- ☐ All Charter Documents to Include
Articles & Amendments
- ☐ Fictitious Name Certificate
- ☐ Other

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- ☐ Photocopy
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NEW FILINGS	
	Profit
	Non Profit
X	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of RA Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Reports
	Fictitious Name
	Name Reservation
	Reinstatement

REGISTRATION/QUALIFICATION	
	Foreign
	Limited Liability
	Reinstatement
	Trademark
	Other

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION OF
WILLIAM T. GRANT D.M.D., LLC**

**ARTICLE I
NAME**

The name of this Limited Liability Company shall be WILLIAM T. GRANT, D.M.D., LLC (the "Company").

**ARTICLE II
PRINCIPAL PLACE OF BUSINESS**

The principal place of business of the Company shall be 4950 Le Jeune Rd, Suite B, Coral Gables, FL 33146 and such other place or places as the members from time to time may determine. The mailing address of the Company is 4950 Le Jeune Rd, Suite B, Coral Gables, FL 33146.

**ARTICLE III
INITIAL REGISTERED OFFICE AND
REGISTERED AGENT**

The initial registered agent of the Company shall be Atrium Registered Agents, Inc. The address of the initial registered agent is 1500 San Remo Avenue, Suite 125, Coral Gables, Florida 33146.

**ARTICLE IV
DURATION**

The period of duration of the Company shall be perpetual, and the Company shall be in existence until dissolved in a manner provided by law, or as provided in the Operating Agreement.

IN WITNESS WHEREOF, the undersigned has caused these Articles of Organization to be executed on the 19th day of June, 2008, effective upon filing same with the Florida Department of State.

WILLIAM T. GRANT, D.M.D., LLC

BY:

Robert A. Stamen

Robert A. Stamen, Authorized Representative

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

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES,
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING
STATEMENT DESIGNATING ITS REGISTERED OFFICE AND REGISTERED AGENT IN
FLORIDA.

1. The name of the limited liability company is:

WILLIAM T. GRANT, D.M.D., LLC

2. The name and address of the registered agent and office is:

Atrium Registered Agents, Inc

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, REGISTERED AGENT HEREBY ACCEPTS THE
APPOINTMENT AS REGISTERED AGENT AND AGREES TO ACT IN THIS CAPACITY.
REGISTERED AGENT FURTHER AGREES TO COMPLY WITH THE PROVISIONS OF
ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF
MY DUTIES, AND IS FAMILIAR WITH AND ACCEPTS THE DUTIES AND
OBLIGATIONS OF ITS POSITION AS REGISTERED AGENT.

Atrium Registered Agents, Inc.

By: Robert A. Stamen
Robert A. Stamen, Vice President

Date: June 19, 2008