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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : M. BURR KEIM COMPANY
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

SUNSHINE STATE MOBILE DENTAL PRACTICE, P.L.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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EXAMINER

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

SUNSHINE STATE MOBILE DENTAL PRACTICE, P.L.

(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:3015 S.W. Pine Island RoadSuite 113-511Cape Coral, FL 33991-1704**Mailing Address:**3015 S.W. Pine Island RoadSuite 113-511Cape Coral, FL 33991-1704**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:

W. Bradley Munroe, Esquire

Name

239 East Virginia StreetFlorida street address (P.O. Box NOT acceptable)Tallahassee FL 32301

City, State, and Zip

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.

W. Bradley Munroe
Registered Agent's Signature (REQUIRED)

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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:MGRMAngela Constantino3015 S.W. Pine Island Road, Suite 113-511Cape Coral, FL 33991-1704MGRMSUNSHINE STATE DENTAL MANAGEMENT, LLC800 Wyckoff Avenue, Suite 102Wyckoff, NJ 07481

(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:


 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.)

Robert Worthington Jr., Authorized Person

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)

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Rider to The Articles of Organization
of

SUNSHINE STATE MOBILE DENTAL PRACTICE, P.L.

The purposes for which the limited liability company is organized are:

- 1) To engage in the practice of dentistry.
- 2) To own real and personal property necessary for or appropriate or desirable in the fulfillment or rendering of its specific restricted professional service or services and to invest its funds in real estate, mortgages, stocks, bonds or any other type of investment.
- 3) To be a partner, shareholder, member or other owner of a partnership, corporation, limited liability company or other association engaged in the practice of dentistry.

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