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08 AUG 21 PM 1:03  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

J. BRYAN

AUG 21 2008

EXAMINER

**Tallahassee Dental Workz, L.L.C.  
PMB 206  
2910 Kerry Forest Parkway Suite D4  
Tallahassee Florida 32309  
(850) 445-8502**

June 22, 2007

Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Tallahassee Dental Workz, LLC

Dear Sirs:

Enclosed please find the following documents with regard to registering Tallahassee Dental Workz, LLC as a limited liability company.

- (1) Original of the Articles of Organization;
- (2) Original of the Acceptance Of Registered Agent; and
- (3) A check in the amount of ONE HUNDRED TWENTY FIVE AND 00/100 (\$125.00) DOLLARS made payable to the Division of Corporations representing payment of the filing fee.

Please return certified copies of the Articles of Organization to us along with a Certificate of Organization. Thank you for your assistance.

Cordially,

  
Anthony D. Polk D.D.S.

Enclosure

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION**  
**OF**  
**TALLAHASSEE DENTAL WORKZ, L.L.C.**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Florida Statutes Chapter 608, hereby make, acknowledge, and file the following Articles of Incorporation.

**Article I**  
**Name**

The name of the limited liability company shall be TALLAHASSEE DENTAL WORKZ, L.L.C. ("Company").

**Article II**  
**Address**

The mailing address shall be PMB 206, 2910 Kerry Forest Parkway Suite D4, Tallahassee Florida 32309 and street address of the principal office of the company shall be 6008 Ox Bottom Manor Drive, Tallahassee, FL 32312.

**Article III**  
**Registered Office and Agent**

The name and street address of the registered agent shall be Anthony D. Polk, 6008 Ox Bottom Manor Drive, Tallahassee, FL 32312.

**Article IV**  
**Management**

The company shall be managed by the members in accordance with the Operating Agreement adopted by the members for the management of the business and affairs of the

company. This agreement may contain any provisions for the regulation and management of the affairs of the company not inconsistent with law or these Articles of Organization. The name and address of the members of the company is

ANTHONY D. POLK, D.D.S.  
6008 Ox Bottom Manor Drive  
Tallahassee, FL 32312

The undersigned have executed this Articles of Incorporation this 22<sup>nd</sup> day of June, 2007.

Organization  
ANTHONY D. POLK, D.D.S.  
08 AUG 21 PM 1:03  
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TALLAHASSEE  
SECRETARY OF STATE  
FLORIDA

STATE OF FLORIDA  
COUNTY OF LEON

Sworn to (or affirmed), acknowledged and subscribe before me this 22<sup>th</sup> day of June, 2006, by ANTHONY D. POLK.

Personally Known X OR

Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

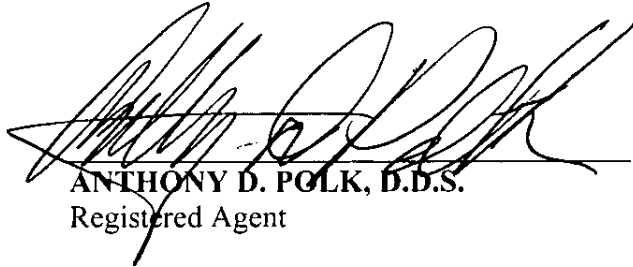
(SEAL)

Notary Public State of Florida  
MY COMMISSION # DD257059  
EXPIRES: October 09, 2007

Print, Type, or Stamp  
Commissioned Name of Notary Public

**ACCEPTANCE OF REGISTERED AGENT**

The undersigned, being the person named in the articles of organization of TALLAHASSEE DENTAL WORKZ, L.L.C., as the registered agent of this liability company, hereby consents to accept service of purpose for the above stated company at the place designated in the articles organization, and accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of his duties, and is familiar with and accept the obligations of the position of registered agent.

  
ANTHONY D. POLK, D.D.S.  
Registered Agent

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