L08000105860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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B. KOHR

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EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

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DATE: 11-13-2008

REF. #: 000177.95512

CORP. NAME: HOMESTEAD DENTAL PRACTICE MANAGEMENT, LLC

( ) ARTICLES OF INCORPORATION ( ) ARTICLES OF AMENDMENT ( ) ARTICLES OF DISSOLUTION

( ) ANNUAL REPORT ( ) TRADEMARK/SERVICE MARK ( ) FICTITIOUS NAME

( ) FOREIGN QUALIFICATION ( ) LIMITED PARTNERSHIP (XX) LIMITED LIABILITY

( ) REINSTATEMENT ( ) MERGER ( ) WITHDRAWAL

( ) CERTIFICATE OF CANCELLATION

( ) OTHER:

STATE FEES PREPAID WITH CHECK# 528252 **FOR $** 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: $**_____

PLEASE RETURN:

( ) CERTIFIED COPY ( ) CERTIFICATE OF GOOD STANDING (XX) PLAIN STAMPED COPY

( ) CERTIFICATE OF STATUS

Examiner's Initials

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ARTICLES OF ORGANIZATION
OF
HOMESTEAD DENTAL PRACTICE MANAGEMENT, LLC

The undersigned, being authorized to execute and file these Articles of Organization of **HOMESTEAD DENTAL PRACTICE MANAGEMENT, LLC** (the "Limited Liability Company"), hereby certifies that:

ARTICLE I — Name:

The name of the Limited Liability Company is:

HOMESTEAD DENTAL PRACTICE MANAGEMENT, LLC

ARTICLE II — Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

13195 S.W. 134th Street
Second Floor
Miami, Florida 33186

ARTICLE III — Duration:

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV — Registered Agent:

The name and address of the registered agent for service of process in the state shall be:

Melvyn S. Gober, D.D.S.
13195 S.W. 134th Street
Second Floor
Miami, Florida 33186

ARTICLE V — Management:

The Limited Liability Company will be a manager-managed company.

ARTICLE VI – Indemnification

The Limited Liability Company shall indemnify and hold harmless its members and managers against any and all claims and demands whatsoever.

Melvyn S. Gober, D.D.S.
Authorized Signatory

STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

HOMESTEAD DENTAL PRACTICE MANAGEMENT, LLC

Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by 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 the obligations of my position as a registered agent as provided for in Chapter 608, F.S.

Melvyn S. Gober, D.D.S.

Dated: November 13, 2008