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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

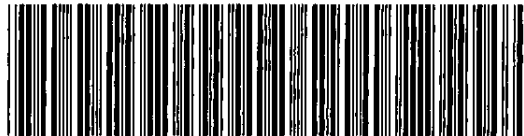
Special Instructions to Filing Officer:

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EXAMINER

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2008 NOV 26 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MOYLE, FLANIGAN, KATZ, BRETON, WHITE & KRASKER, P.A.
ATTORNEYS AT LAW

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West Palm Beach, Florida 33401-4025

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November 25, 2008

VIA FEDERAL EXPRESS

Department of State
Registration Section
Division of Corporations
2661 Executive Center Circle
Clifton Building
Tallahassee, Florida 32301

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Oral and Maxillofacial Surgery of the Palm Beaches, LLC

Dear Sir/Madam:

Enclosed please find the following in connection with the above-referenced entity:

1. Original Articles of Organization of Oral and Maxillofacial Surgery of the Palm Beaches, LLC; and
2. This firm's check in the amount of \$125.00, representing the filing fee.

Please file the enclosed document. Should you have any questions, please do not hesitate to call.

Sincerely,



Laraine C. Charbonneau
Legal Asst. to Wilton L. White

/lcc
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Oral and Maxillofacial Surgery of the Palm Beaches, LLC
(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:

Wilton L. White, Esq.

(Name of Person)

Moyle, Flanigan, Katz, Breton, White & Krasker, P.A.

(Firm/Company)

625 North Flagler Drive, 9th Floor

(Address)

West Palm Beach, Florida 33401

(City/State and Zip Code)

For further information concerning this matter, please call:

Wilton L. White

(Name of Person)

at (

561

659-7500

(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

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Oral and Maxillofacial Surgery of the Palm Beaches, LLC

(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:

1920 Palm Beach Lakes Blvd., #105
West Palm Beach, Florida 33409

Mailing Address:

1920 Palm Beach Lakes Blvd., #105
West Palm Beach, Florida 33409

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:

Wilton L. White, Esq.

Name

625 North Flagler Drive, 9th Floor

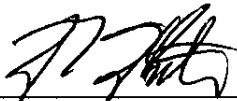
Florida street address (P.O. Box NOT acceptable)

West Palm Beach, FL Florida 33401

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)

Page 1 of 2

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:

MGRM

Rolf B. Wolfrom, D.D.S., P.A.

1920 Palm Beach Lakes Blvd., #105

West Palm Beach, Florida 33409

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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(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.)

Wilton L. White, authorized representative

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)