Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850) 617

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Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 : (305)634-3694

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

BROWARD DEMAL SPA management broward dental spartle company, LLC

Certificate of Status 0 Certified Copy 1 Page Count 02 \$155.00 Estimated Charge

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EXAMINER

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ARTICLES OF ORGANIZATION OF BROWARD DENTAL SPA MANAGEMENT COMPANY, LLC

The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies that:

ARTICLE I — Name:

The name of the limited liability company (hereinafter referred to as the "Company") is "Broward Dental Spa Management Company, LLC."

ARTICLE II - Address:

The mailing address and street address of the principal office of the Company is: 5405 N.W. 102 Avenue, Suite 230 Sunrise, Florida 33351

ARTICLE III — Registered Agent, Registered Office & Registered Agent's Signature:

The name and Florida Street address of the Company's registered agent is:

Francis Gil 5405 N.W. 102 Avenue, Suite 230 Sunrise, Florida 33351

Having been named as registered agent and to accept service of process for the above state limited liability company 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 provision of all status relating to the proper and complete performance of my duties and I am familiar with and accept the obligations of my position as registered agents a provided for in Chapter 608 F.S.

Francis Gil

ARTICLE IV — Management:

The Company is to be a manager managed company.

ARTICLE V — Limitation on Agency Authority of Members:

Pursuant to Section 608.4235 of the Florida Limited Liability Company Act, no member of the Company shall be an agent of the Company solely by virtue of being a member.

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 12th day of December, 2008.

Signature of authorized representative

(In accordance with Section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Francis Gil
Typed or printed name of signee

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