Florida Department of State

Division of Corporations Public Access System

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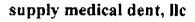
From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 : (305)634-3694 Phone

fax Number : (305)633-9696

FLORIDA/FOREIGN LIMITED LIABILITY CO.





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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

<u>ARTICLE I</u>

NAME

The name of the Limited Liability Company is: SUPPLY MEDICAL DENT, LLC

ARTICLE II

ADDRESS

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

8656 N.W 29 TH STREET MIAMI, FL 33122

ARTICLE III

REGISTERED AGENT, REGISTERED OFFICE, AND REGISTERED AGENT'S SIGNATURES:

The name and the Florida street address of the registered agent are:

Corporation Service Company 1201 Hays Street Tallahassee, FL 32301

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 Florida Statutes Chapter 608.

Corporation Service Company

Registered Agent

Dona L. Priebe, Assistant VP

Prepared By: Rosario P. Duncan, Esq.

1320 S. Dixie Highway

Sboth Floor

Corel Gables, FL 33148 Florida Ber No.: 239909 H09000001311

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In apportance 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.

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 608.415 or 608.507, Florida Statutes, the undersigned Limited Liability Company submits the following statement in designating the registered office/registered agent, in the State of Florida:

- The name of the limited liability company is: SUPPLY MEDICAL DENT, LLC
- The name and address of the Registered Agent and Office is: Corporation Service Company, 1201 Hays Street, Tallahassee, FL 32301.

Having been named as Registered Agent and to accept service of process for the abovenamed 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.

CORPORATION SERVICE COMPANY

Dona L. Priebe, Assistant VP Registered Agent

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