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Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
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Fax Number : (305) 633-9696

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2009 JAN -5 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

supply medical dent, llc

Certificate of Status	0
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

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 of the Limited Liability Company is:

8656 N.W. 20 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
8th Floor
Coral Gables, FL 33146
Florida Bar No.: 239909

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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.

IN WITNESS WHEREOF, we have executed these Articles of Organization on this 30th day of December, 2008, at Coral Gables, Florida.

Nell Antonio Ponce Garcia.
Name: Nell Antonio Ponce Garcia Manager

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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:

1. The name of the limited liability company is: **SUPPLY MEDICAL DENT, LLC**
2. 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 above-named 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

Registered Agent Dona L. Priebe, Assistant VP

DATED: December 24 2008

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TALLAHASSEE, FLORIDA

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