## Electronic Articles of Organization For Florida Limited Liability Company

L09000007703 FILED 8:00 AM January 26, 2009 Sec. Of State clewis

### **Article I**

The name of the Limited Liability Company is: WEKIVA SPRINGS DENTAL CARE LLC

#### **Article II**

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

407 WEKIVA SPRINGS RD SUITE 119 LONGWOOD, FL. US 32791

The mailing address of the Limited Liability Company is:

407 WEKIVA SPRINGS RD SUITE 119 LONGWOOD, FL. US 32791

#### **Article III**

The purpose for which this Limited Liability Company is organized is: ANY AND ALL LAWFUL BUSINESS.

#### Article IV

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

CARLOS F JOHARY 407 WEKIVA SPRINGS RD SUITE 119 LONGWOOD, FL. 32791

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.

Registered Agent Signature: CF JOHARY

# Article V

The name and address of managing members/managers are:

Title: MGRM CARLOS F JOHARY 407 WEKIVA SPRINGS RD LONGWOOD, FL. 32791

Signature of member or an authorized representative of a member

Signature: JOHN R EARLES

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