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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

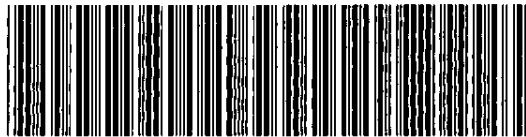
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. O. ~~Office~~ APR 28 2009

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: L.M.P. Dental Management Company, 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:

Penny R. Shaw, ESQ.
(Name of Person)

Law Offices of Penny R. Shaw, P.A.
(Firm/Company)

4780 Davie Road, Suite 101
(Address)

Davie, Florida 33314
(City/State and Zip Code)

For further information concerning this matter, please call:

Penny R. Shaw, ESQ at (954) 252-5800
(Name of Person) (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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

The name of the Limited Liability Company is:

L.M.P. DENTAL MANAGEMENT COMPANY, L.L.C.

ARTICLE II

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

Principal Office Address:

**2086 SW 71 Way
Davie, Florida 33317**

Mailing Address:

**2086 SW 71 Way
Davie, Florida 33317**

ARTICLE III

The purpose for which this Limited Liability Company is organized is:

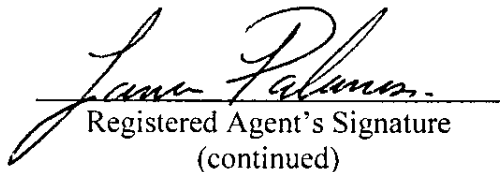
ANY AND ALL LAWFUL BUSINESS

ARTICLE IV

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

**LANA PALACIOS
2086 SW 71WAY
DAVIE, FLORIDA 33317**

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designate int his 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
(continued)

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ARTICLE V

The name and address of each Manager or Managing Member is as follows:

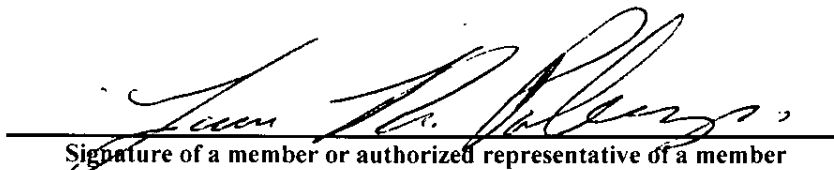
Title:

Name and Address:

Manager

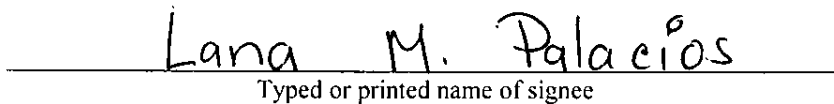
Lana Palacios
2086 SW 71 Way
Davie, Florida 33317

REQUIRED SIGNATURE:



Signature of a member or 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.)



Typed or printed name of signee

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