

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L09000068026  
FILED 8:00 AM  
July 15, 2009  
Sec. Of State  
gmcleod

**Article I**

The name of the Limited Liability Company is:  
CORNERSTONE DENTAL PL

**Article II**

The street address of the principal office of the Limited Liability Company is:  
4009 NORTH TAMPA RD  
SUITE 6  
OLDSMAR, FL. 34677

The mailing address of the Limited Liability Company is:  
PO BOX 18452  
TAMPA, FL. 33679

**Article III**

The purpose for which this Limited Liability Company is organized is:  
TO PROVIDE DENTAL SERVICES.

**Article IV**

The name and Florida street address of the registered agent is:  
KEVIN A FRANKLIN DR  
3110 W SAN MIGUEL  
TAMPA, FL. 33629

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: DR KEVIN A FRANKLIN

### **Article V**

The name and address of managing members/managers are:

Title: MGR  
KEVIN A FRANKLIN DR  
3110 W SAN MIGUEL  
TAMPA, FL. 33629

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### **Article VI**

The effective date for this Limited Liability Company shall be:

07/14/2009

Signature of member or an authorized representative of a member

Signature: KEVIN A FRANKLIN