

**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