

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

L09000069606
FILED 8:00 AM
July 20, 2009
Sec. Of State
gharvey

Article I

The name of the Limited Liability Company is:

MAXILLARY IMPLANT TRANSITIONAL OVERDENTURE LLC

Article II

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

1000 45TH STREET
UNIT #3
WEST PALM BEACH, FL. 33407

The mailing address of the Limited Liability Company is:

1000 45TH STREET
UNIT #3
WEST PALM BEACH, FL. 33407

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:

JACKIE C JOHNS
1000 45TH STREET
UNIT #3
WEST PALM BEACH, FL. 33407

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: JACKIE C. JOHNS

Article V

The name and address of managing members/managers are:

Title: MGRM
JACKIE C JOHNS
1000 45TH STREET
WEST PALM BEACH, FL. 33407

Title: MGRM
RICHARD JOHNSON
1000 45TH STREET
WEST PALM BEACH, FL. 33407

Title: MGRM
NATHANIEL MALONE
1000 45TH STREET
WEST PALM BEACH, FL. 33407

Signature of member or an authorized representative of a member

Signature: JACKIE JOHNS

L09000069606
FILED 8:00 AM
July 20, 2009
Sec. Of State
gharvey