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(Requestor's Name)

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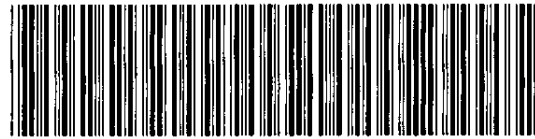
(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR
JUL 24 2009
EXAMINER

FILED
09 JUL 23 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: TRICIA TADLOCK

DATE: 07/23/09

REF. #: 0174.107864

CORP. NAME: TRIANGLE DDS (JACKSONVILLE), LLC

FILED
09 JUL 23 AM 9:16
TALLAHASSEE, FLORIDA

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 531082 FOR \$ 155.00.

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

ARTICLES OF ORGANIZATION

TRIANGLE DDS (JACKSONVILLE), LLC,
a Florida limited liability company

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09 JUL 23 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The business and affairs of the Limited Liability Company shall be conducted under the name of:

TRIANGLE DDS (JACKSONVILLE), LLC

ARTICLE II PRINCIPAL OFFICE

The street address and the mailing address of the principal place of business of the Limited Liability Company within the State of Florida shall be:

One South School Avenue, Suite 1000
Sarasota, Florida 34237

ARTICLE III INITIAL REGISTERED AGENT/OFFICE

The registered office of the Limited Liability Company and its initial registered agent shall be:

David P. Nichols
One South School Avenue, Suite 1000
Sarasota, Florida 34237

ARTICLE IV MANAGEMENT AND POWERS

The business and affairs of the Limited Liability Company shall be managed by one or more Managers elected as provided in the Regulations of the Limited Liability Company.

IN WITNESS WHEREOF, these Articles of Organization have been executed as of the
23rd day of July, 2009.

WITNESSES:

Debra J. Hitchcock
Print Name Debra J. Hitchcock

David P. Nichols
David P. Nichols

Jack M. Maag
Print Name JACK M. MAAG

Debra J. Hitchcock
Print Name Debra J. Hitchcock

Steven R. Matzkin
Steven R. Matzkin

Jack M. Maag
Print Name JACK M. MAAG

Debra J. Hitchcock
Print Name Debra J. Hitchcock

Mitchell B. Olan
Mitchell B. Olan

Jack M. Maag
Print Name JACK M. MAAG

"MANAGERS"

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 608.415 of the Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a registered office and registered agent in the State of Florida.

1. The name of the Limited Liability Company is:

TRIANGLE DDS (JACKSONVILLE), LLC

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

David P. Nichols
One South School Avenue, Suite 1000
Sarasota, Florida 34237

Having been named 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Date: _____

07/23/09



David P. Nichols

"REGISTERED AGENT"