

Division of Corporations

Page 1 of 1

L09000091899

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000205435 3)))



H09000205435ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

FILED
2009 SEP 23 AM 8:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.**SNB DENTAL, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

C. LEWIS

SEP 24 2009

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

09/23/2009 09:53 3056339596

EMPIRE CORP KIT

PAGE 01/04

850-817-6381

9/23/2009 8:16:53 AM PAGE 1/001 Fax Server



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 23, 2009

EMPIRE

SUBJECT: SNB DENTAL, LLC
REF: W09000042519

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The person signing the Articles of Organization to form the Florida limited liability company is an "organizer," not an "incorporator." Please substitute the word "organizer" for the word "incorporator" in your document.

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

FAX Aud. #: H09000205435
Letter Number: 609A00031097

FILED

2009 SEP 23 AM 8:19

200702
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SNB DENTAL, LLC, a Limited Liability Company

(Must end with the words "Limited Liability Company," "LLC," or "L.C.")

ARTICLE II - Address:

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

Principal Office Address:

501 Brickell Key Drive
Suite 103
Miami, FL 33131

Mailing Address:

501 Brickell Key Drive
Suite 103
Miami, FL 33131

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Sanford N. Reinhard, P.A.

Name _____

1290 Weston Road Suite 201

Florida street address (P.O. Box NOT acceptable)

Weston, FL 33326

F

City, State, and Zip

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 as provided for in Chapter 608, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

H09000205435

FILED

2009 SEP 23 AM 8:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H09000 205435

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:

"MGR" - Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Seth Berger

501 Brickell Key Drive Suite 103

Miami, FL 33131

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL.)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Signature of a member or an 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.)

Sanford N. Reinhard,

Typed or printed name of signee

Filing Fees:

**\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent**
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Page 2 of 2

H09000205435