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To: Division of Corporations  
Fax Number : 1850:617-6383

From: Account Name : CSH SERVICES, LLC  
Account Number : 120070000160  
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

D S DENTAL ASSOCIATES, LLC

Certificate of Status	0
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D. BRUCE

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**ARTICLES OF ORGANIZATION FOR A  
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

**ARTICLE I NAME**

The name of the Limited Liability Company is:

D S DENTAL ASSOCIATES, LLC

**ARTICLE II ADDRESS**

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

4810 N HABANA AVENUE  
TAMPA, FLORIDA 33614**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT SIGNATURE**

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

DIANE SENDER  
4810 N HABANA AVENUE  
TAMPA, FLORIDA 33614SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Having been named as registered agent 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.

x Diane Sender  
DIANE SENDER / Registered Agent's signature

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**ARTICLE IV MANAGEMENT**

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

**ARTICLE V MEMBERS (optional)**

MANAGING MEMBER

DIANE SENDER

4810 N HABANA AVENUE

TAMPA, FLORIDA 33614

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x Diane Sender

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.

DIANE SENDER

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