Florida Department of State

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Account Number : 072262000447 Phone : (561)842-3000 Fax Number : (561)842-3626

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

DENTALAND AVENTURA, LLC

SECRETARY OF STATE ALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION

OF

DENTALAND AVENTURA, LLC

THE UNDERSIGNED, pursuant to the Florida Limited Liability Company Act, adopts the following Articles of Organization for such Limited Liability Company:

ARTICLE I - NAME

The name of this Limited Liability Company is:

DENTALAND AVENTURA, LLC

ARTICLE II - DURATION

The duration of this Limited Liability Company is perpetual.

ARTICLE III - PURPOSE

The purpose for which this Limited Liability Company is organized is to engage in any lawful act or activities for which limited liability companies may be organized under the laws of the State of Florida.

ARTICLE IV - MAILING ADDRESS OF LIMITED LIABILITY COMPANY

The mailing address of the business of this Limited Liability Company is 3230 West Commercial Boulevard, Suite 190, Fort Lauderdale, Florida 33309 and the principal place of business of this Limited Liability Company is 3230 West Commercial Boulevard, Suite 190, Fort Lauderdale, Florida 33309.

ARTICLE V - INITIAL REGISTERED OFFICE AND REGISTERED AGENT

The street address of this Limited Liability Company's initial registered office in Florida is 4420 Beacon Circle, Suite 100, West Palm Beach, Florida 33407 and the name of its initial registered agent at that address is I. Jeffrey Pheterson, Esq.

Prepared by: Michael J Posner, Esq. 4420 Beacon Circle, Suite 100 West Palm Beach, Florida 33407

Bar No: 525685 • Phone: 561/842-3000

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ARTICLE VI - MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is therefore a manager - managed limited liability company. The names and addresses of the initial manager is as follows:

Dr. Jeffrey Feingold	3230 West Commercial Boulevard, Suite 190 Fort Lauderdale, Florida 33309
DATED this 30 day of	By: Dr Jeffrey Feingold Manager (In accordance with Florida Statutes §608.408(3) the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true.)
STATE OF FLORIDA) ss:
COUNTY OF BROWARD)
I TTEDEBY OFFITY	hat an this day hafaya me an afficent duly authorized in the State

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared Dr. Jeffrey Feingold, to me known to be the person described in and who executed the foregoing instrument and acknowledged before me that he executed the same for the purposes therein expressed.

4420 Beacon Circle, Suite 100
West Palm Beach, Florida 33407

Bar No: 525685 • Phone: 561/842-3000

Fax Audit No.: Ho 9 000 2540763

Fax Audit No.: # 09000254 0763

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

ACKNOWLEDGMENT:

Having been named as registered agent and to accept service of process for DENTALAND AVENTURA, LLC, at the initial registered office of the Limited Liability Company in this State designated in its Articles of Organization, 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, Florida Statutes.

Date: November 3, 2009.

I. Jeffrey Pheterson 4420 Beacon Circle

West Palm Beach, Florida 33407

SECRETARY OF STATE
DIVISION OF CORPORATIONS