Division of Corporations

Lip /efile.: nt d. or /scripts to licovr. exe

Florida Department of State

Division of Corporations 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.

(((H09000254226 3)))



H090002542263ABC/

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 : WARD, DAMON & POSNER, P.A.

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

Fax Number : (561)842-3606

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Mpasma Cual DA Monitor

FLORIDA/FOREIGN LIMITED LIABILITY CO.

DENTALAND CORAL SPRINGS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

RECEIVED

99 DEC -8 PM 2: 21

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

C E F F

WARD DAMON

ATTORNEYS AT LAW

4420 BEACON CIRCLE WEST PALM BEACH, FL 33407 TEL: (561) 842-3000 FAX: (561) 842-3626

FACSIMILE TRANSMISSION INFORMATION SHEET

Date:

December 8, 2009

То:

EFIL

Firm/Company:

Secretary of State of Florida Division of Corporations

Facsimile Number: (850) 617-6383

Total pages:

5

From:

Michael J Posner, Esquire

Re:

H09000254226 3

DENTALAND CORAL SPRINGS, LLC

MESSAGE

Original [_] to follow [xx] not to follow by U.S. Mail If you do not receive all pages please contact sender immediately.

Notice: The pages accompanying this facsimile transmission contain information from the law firm of Ward Damon which is confidential or privileged. The information is intended to be for the use of the individual or entity named on this cover letter. If you are not the intended recipient, be aware that any disclosure, copying, distribution or use of the contents of this information is prohibited. If you have received this facsimile in error, please notify us by telephone immediately so that we can arrange for the retrieval of the original documents at no cost to you.

Fax Audit No.: H09000254226 3

ARTICLES OF ORGANIZATION

OF

DENTALAND CORAL SPRINGS, 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 CORAL SPRINGS, 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

Fax Audit No.: H09000254226 3

Fax Audit No.: 409 000 2542263

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 day of November, 2009.

By:

Dr. Jeffrey Felngold, 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 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.

WITNESS my hand and official seal in the County and State last aforesaid this 🔌 day of November, 2009.

Notary Public

boineé Stdarik

My Commission Expires: 3/15/7063 ল্লেক্সের স্থান্ত ভারত হয় বহু পরিষ্টার স

Ä i Commission #1015/2/233 Lif Expires: 18AR, 15, 2013 DOI NO DESCRIPTION OF THE SECTION

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

Bar No: 525685 • Phone: 561/842-3000

Fax Audit No.: Ho 9000 2542263

Fax Audit No.: Ho 9000 2542263

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 CORAL SPRINGS, 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 20, 2009.

I. Jeffrey Pheterson 4420 Beacon Circle

West Palm Beach, Florida 33407

O9 DEC -8 AM 8: 21
SLOKE TARY OF STATE