

12/08/2009 1:26 FAX

Division of Corporations

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Florida Department of State  
Division of Corporations  
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((H09000254310 3)))



H090002543103ABCV

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

**L. SELLERS**

DEC -9 2009

From:

Account Name : WARD, DAMON & POSNER, P.A.  
Account Number : 072262000447  
Phone : (561) 842-3000  
Fax Number : (561) 842-3626

**EXAMINER**

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

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**FLORIDA/FOREIGN LIMITED LIABILITY CO.  
DENTALAND FT. PIERCE, LLC**

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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  
To: EFIL  
Firm/Company: Secretary of State of Florida Division of Corporations  
Facsimile Number: (850) 617-6383  
Total pages: 5  
From: Michael J Posner, Esquire  
mjposner@warddamon.com  
Re: H09000254310 3  
DENTALAND FT. PIERCE, 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 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.

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**ARTICLES OF ORGANIZATION**

**OF**

**DENTALAND FT. PIERCE, 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 FT. PIERCE, 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 33309DATED this 3 day of November, 2009.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.)

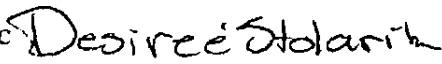
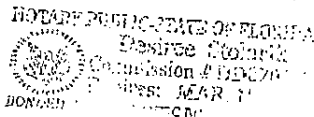
STATE OF FLORIDA )

) ss:

COUNTY OF BROWARD )

I 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 30 day of November, 2009.

Notary Public Sign: My Commission Expires: 3/15/2013

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.: H090002543103

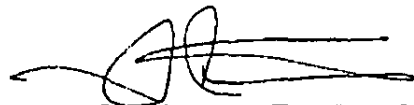
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**CERTIFICATE DESIGNATING PLACE OF  
BUSINESS OR DOMICILE FOR THE SERVICE  
OF PROCESS WITHIN THIS STATE NAMING  
AGENT UPON WHOM PROCESS MAY BE SERVED**

**ACKNOWLEDGMENT:**

Having been named as registered agent and to accept service of process for DENTALAND FT. PIERCE, 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 30, 2009.



I. Jeffrey Pheterson  
4420 Beacon Circle  
West Palm Beach, Florida 33407

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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