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	Account Number: 072450003255	CJ.
	Phone : (305)634-3694	9
	Fax Number : (305)633-9696	

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Email	Address:		

# FLORIDA/FOREIGN LIMITED LIABILITY CO. MOUNICA FALEMBAN, D.D.S., PLLC

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## Articles of Organization of

## MOUNICA FALEMBAN, D.D.S., PLLC

The undersigned natural person(s), of the age of eighteen years or more, acting as organizers of a limited liability company under the State of Florida Limited Liability Company Act, adopt(s) the following Articles of Organization for such limited liability company.

## I. Name of Limited Liability Company

The name of this professional limited liability company is: MOUNICA FALEMBAN, D.D.S., PLLC

### II. Registered Office and Registered Agent

The initial registered office of this limited liability company and the name of its initial registered agent at this address are:

MAX A. ADAMS, ESQ THE MEDI-LAW FIRM 1400 NW 10<sup>TH</sup> AVE PENTHOUSE III MIAMI, FL 33136

## III. Statement of Purposes

The purposes for which this limited liability company is organized are:

To engage in the lawful practice of Orthodontic services to the general public under the laws of the State of Florida.

## IV. Management and Names and Addresses of Initial Manager

This will be a member-managed company. The name and address of each managing member are as follows:

Title:

MGRM

Name:

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Mounica Falemban

Address:

12571 Equestrian Cir Apt 901

Fort Myers, FL 33907

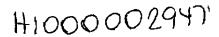
## V. Principal Place of Business of the Limited Liability Company

The principal place of business of the limited liability company shall be:

12571 Equestrian Cir Apt 901 Fort Myers, Florida 33907

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## VI. Period of Duration of the Limited Liability Company

The period of duration of the limited liability company shall be:

"Perpetual"

### VII. Company Existence

The Company's existence shall begin effective as of February 9, 2010.

The authorized members executed these Articles of Organization on 2/9/2010.

Max A. Adams, Esq., as Attorney in Fact

Date

### STATEMENT OF REGISTERED AGENT

## LIMITED LIABILITY COMPANY:

MOUNICA FALEMBAN, D.D.S., PLLC

## REGISTERED AGENT/OFFICE:

Max A. Adams, Esq. The Medi-Law Firm 1400 NW 10<sup>TH</sup> Avenue Penthouse III Miami, FL 33136

I agree to act as registered agent to accept service of process for the company named above at the place designated in this Statement. I agree to comply with the provisions of all statutes relating to the proper and complete performance of the registered agent duties. I am familiar with and accept the obligations of the registered agent position.

Max A. Adams, Esq., as Registered Agent

Date: 2/9/2010

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