

FILED
11 MAR -7 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Teeth Today LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lisa Noell

Name of Person

Saul Ewing LLP

Firm/Company

500 E. Pratt Street, 8th Floor

Address

Baltimore, MD 21202

City/State and Zip Code

Ganelboca@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Noell

Name of Person

at 410

Area Code & Daytime Telephone Number

332-8792

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Teeth Today LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

3020 North Military Trail, Suite 200
Boca Raton, Florida 33431

Mailing Address:

3020 North Military Trail, Suite 200
Boca Raton, Florida 33431

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Jeffrey Ganeles, D.M.D.

Name

3020 North Military Trail, Suite 200

Florida street address (P.O. Box NOT acceptable)

Boca Raton FL 33431

City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 MAR - 7 PM 2:34

FILED

Having been named as registered agent and 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..



(Registered Agent's Signature (REQUIRED))

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

Member

Jeffrey Ganeles, D.M.D.

3020 North Military Trail, Suite 200

Boca Raton, Florida 33431

Member

Frederic J. Norkin, D.M.D.

3020 North Military Trail, Suite 200

Boca Raton, Florida 33431

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: filing (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Jeffrey Ganeles, D.M.D.

Typed or printed name of signee

Filing Fees:

**\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent**

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)