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(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	; #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies		of Status
Special Instructions to	Filing Officer:	

Office Use Only

G. MCLEOD

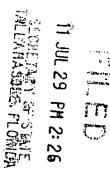
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EXAMINER



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COVER LETTER

TO:	Registration Division of C	Section Corporations		
SUBJE	:CT:	Gentle I Name of Limi	ted Liability Company	F Naples, LL.
The end	closed Articles	of Organization and fee(s) are	submitted for filing.	
Please	return all corre	spondence concerning this ma	tter to the following:	
		GASMIN PA	PENFUSS D. P. Name of Person	Y.D.
-			Firm/Company	
	6539	5 HIGHCRO	OFT DRIVE	
•		5 HIGHCRU	Address	
_	NAPL	ES. FL 3	7/19	
	1/04		ty/State and Zip Code	
-	YPH	EMFUSS (a) H E-mail address: (to be used	for future annual report notification)	
For furt		n concerning this matter, pleas		
YA	SMIN Nam	PAPEINFUSS e of Person	at (239) 248 - Area Code & Daytime Tele	7200 phone Number
Enclos	ed 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 C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
_	
GENTLE DENTAL	CARE OF NAPLES L.L.C.
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4522 Executive Drive, # 101 Naples, FL 34119	YASNIN PAPENFUS 6535 HIGHLROFT DR. NAPLES, FL 34119
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	
The name and the Florida street address of the re	egistered agent are:
Erik Hars Paper L	
Erik Hans Papend Name	
6535 Hishel	ress (P.O. Box NOT acceptable) FL 34//9 te, and Zip
Florida street add	ress (P.O. Box NOT acceptable)
Naple 5	FL 341/9
City, Sta	te, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity	accept service of process for the above stated limited his certificate, I hereby accept the appointment as a limither agree to comply with the provisions of all
	formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S
Int Park	
Registered Agent's Signatu	re (REOLIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

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ismin	Pape	n fus	55
esmin	Pape	n fus	55
			
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9	g: 7/2	g: <u>7/26///</u> Id cannot be more	g: <u>7/26///</u> ad cannot be more than five

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)