

**L11000106445**

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : CLARA GIRALDO, P.A.  
Account Number : I19990000017  
Phone : (305) 485-9300  
Fax Number : (305) 485-1098

**\*\*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 LIMITED LIABILITY CO.  
BEST DENTAL MANAGEMENT, LLC.**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY  
COMPANY  
OF

**BEST DENTAL MANAGEMENT, LLC.**

ARTICLE I - NAME

The name of the Limited Liability Company is:

**BEST DENTAL MANAGEMENT, LLC.**

ARTICLE II - ADDRESS

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

**8740 N KENDALL DRIVE SUITE # 220  
MIAMI, FL. 33176**

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED  
AGENT'S SIGNATURE:

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

**JUAN CUSSE**

**8740 N KENDALL DRIVE SUITE # 220**  
Florida street address ( P.O.BOX NOT acceptable)

**MIAMI, FL. 33176**  
City, State, and Zip

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CLARA GIRALDO P.A.  
4080 SW 84 AVE SUITE C  
MIAMI, FL 33155  
(305) 485-9300

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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****ARTICLE IV- MANAGEMENT**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

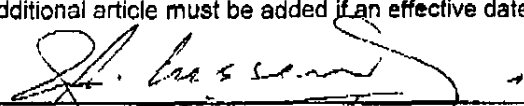
**RUBY M. CUSSE**  
**8740 N KENDALL DRIVE SUITE # 220**  
**MIAMI, FL. 33176**

**MANAGER**

**JUAN CUSSE**  
**8740 N KENDALL DRIVE SUITE # 220**  
**MIAMI, FL. 33176**

**MANAGER**

(An additional article must be added if an effective date is requested)

**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.)

**JUAN CUSSE**  
Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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