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(Requestor's Name)

(Address)

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☐ PICK-UP

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(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

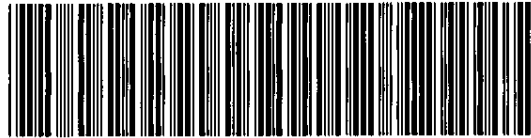
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JAN - 3 2012

EXAMINER



300215479523

01/03/12--01003--011 **155.00

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12 JAN - 3 AM 11:23

CLERK OF THE COURT
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

12 JAN - 3 PM 1:08

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: Kim Weidenbach

DATE: 01/03/12

REF. #: 000174.159598

CORP. NAME: TRIANGE DDS (6260 LAKE OSPREY), LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JAN -3 PM 1:00

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 542876 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

ARTICLES OF ORGANIZATION

TRIANGLE DDS (6260 LAKE OSPREY), LLC,
a Florida limited liability company

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JAN -3 PM 1:00

ARTICLE I NAME

The business and affairs of the Limited Liability Company shall be conducted under the name of:

TRIANGLE DDS (6260 LAKE OSPREY), LLC

ARTICLE II PRINCIPAL OFFICE

The street address and the mailing address of the principal place of business of the Limited Liability Company within the State of Florida shall be:

6240 Lake Osprey Drive
Sarasota, Florida 34240

ARTICLE III INITIAL REGISTERED AGENT/OFFICE

The registered office of the Limited Liability Company and its initial registered agent shall be:

David P. Nichols
6240 Lake Osprey Drive
Sarasota, Florida 34240

ARTICLE IV MANAGEMENT AND POWERS

The business and affairs of the Limited Liability Company shall be managed by one or more Managers elected as provided in the Regulations of the Limited Liability Company.

3rd IN WITNESS WHEREOF, these Articles of Organization have been executed as of the
day of January, 2012.

WITNESSES:

Jack M. Maag
Print Name JACK M. MAAG

David P. Nichols
David P. Nichols

Debra J. Hitchcock
Print Name Debra J. Hitchcock

Jack M. Maag
Print Name JACK M. MAAG

Steven R. Matzkin
Steven R. Matzkin

Debra J. Hitchcock
Print Name Debra J. Hitchcock

Jack M. Maag
Print Name JACK M. MAAG

Mitchell B. Olan
Mitchell B. Olan

Debra J. Hitchcock
Print Name Debra J. Hitchcock

"MANAGERS"

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 608.415 of the Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a registered office and registered agent in the State of Florida.

1. The name of the Limited Liability Company is:

TRIANGLE DDS (6260 LAKE OSPREY), LLC

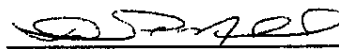
2. The name and the Florida street address of the registered agent are:

David P. Nichols
6240 Lake Osprey Drive
Sarasota, Florida 34240

Having been named 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Date: _____

1/3/12



David P. Nichols

"REGISTERED AGENT"