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MIAMI SMILE INSTITUTE, LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I NAME

The name of the Limited Liability Company is: **MIAMI SMILE INSTITUTE, LLC**

ARTICLE II ADDRESS

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

15032 SW 23 Way
MIAMI, FL 33185

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED AGENT'S SIGNATURE

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

NORKA SUSET VELASCO

(NAME)

15032 SW 23 Way

FLORIDA STREET ADDRESS (P.O.BOX NOT ACCEPTABLE)

MIAMI, FL 33185

(CITY/STATE/ZIP)

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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 THE CHAPTER 608, F.S.

NORKA SUSET VELASCO – REGISTERED AGENT

ARTICLE IV MANAGEMENT

Management of this limited liability company is reversed to its members, whose names and addresses are as follows:

NORKA SUSET VELASCO
15032 SW 23 Way
Miami, FL 33185
MBR

Executed by the undersigned members of the limited liability company this: 22th day of January, 2013.

NORKA SUSET VELASCO
Manager Member