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Florida Department of State  
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**FLORIDA LIMITED LIABILITY CO.**

**CENTRO MEDICO ODONTOLOGICO ART-DENT LLC**

Certificate of Status	1
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Centro Medico Odontologico Art-Dent LLC

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

## ARTICLE II - Address:

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

Principal Office Address:4527 NW 97 CT Doral,  
FL 33178Mailing Address:SAME

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

José Francisco Tovar-Mundarain

Name

4527 NW 97 CT Doral, FL 33178.Florida street address (P.O. Box NOT acceptable)FL

City, State, and Zip

*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 605 F.S.*

  
 Registered Agent's Signature (REQUIRED)

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**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:**MGRMDelia Yagrate4527 NW 93 CT Doral,FL 33178MGRMJosé Francisco Tovar-Mundorain4527 NW 93 CT Doral,FL 33178MGRMGemny Francisco Tovar-Tovar4527 NW 93 CT Doral,FL 33178

(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of 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 605.020 Florida Statutes, the execution of this document constitutes an attestation under the penalties of perjury that the facts stated herein are true.)

José Francisco Tovar Mundorain

Typed or printed name of signee