

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L14000018834
FILED 8:00 AM
February 03, 2014
Sec. Of State
thampton

Article I

The name of the Limited Liability Company is:

DREAM LAKE DENTAL PLLC

Article II

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

551 NORTH PARK AVENUE
APOPKA, FL. US 32712

The mailing address of the Limited Liability Company is:

2327 BLACK LAKE BLVD
WINTER GARDEN, FL. US 34787

Article III

Other provisions, if any:

PURPOSE: PRACTICE OF DENTISTRY

Article IV

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

ELEMER MENDOZA DMD
2327 BLACK LAKE BLVD
WINTER GARDEN, FL. 34787

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.

Registered Agent Signature: ELEMER MENDOZA

Article V

The name and address of person(s) authorized to manage LLC:

Title: AMBR
ELEMER MENDOZA DMD
2327 BLACK LAKE BLVD.
WINTER GARDEN, FL. 34787 US

Title: AR
SHEILA ORTIZ
2327 BLACK LAKE BLVD.
WINTER GARDEN, FL. 34787 US

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Signature of member or an authorized representative

Electronic Signature: ELEMER MENDOZA

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.