

# L140000290327

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**FLORIDA LIMITED LIABILITY CO.  
DSM DENTAL, PLLC**

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|-----------------------|----------|
| Certificate of Status | 0        |
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**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY OF**

DSM DENTAL, PLLC

**ARTICLE I**

The name of the Limited Liability Company shall be: DSM DENTAL, PLLC

**ARTICLE II**

The Company is organized for the sole purpose of a Dental Office

**ARTICLE III**

The mailing address and street address of the principal office of the  
Limited Liability Company is: 2640 S. University Drive, # 228  
Davie, Florida 33328-1478

**ARTICLE IV**

The name and address of the authorized Manager for this PLLC Company shall be:

Manager: Suncica Obrenovic, 2640 S. University Drive, # 228, Davie, Florida 33328-1478

**ARTICLE V**

The name and the Florida street address of this registered agent:  
Suncica Obrenovic, 2640 S. University Drive, # 228, Davie, Florida 33328-1478

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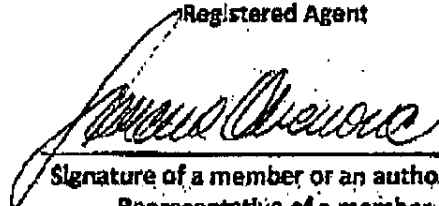
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**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE/MEMBER  
REPRESENTATIVE**

DSM DENTAL, PLLC  
Name of Company

Having been named as registered agent and to accept service of process  
For the above stated Limited Liability Company at the place designated in  
the articles of organization, 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.

Sundica Obrenovic  
Typed or Print Name of  
Registered Agent

  
Signature of a member or an authorized  
Representative of a member

(In accordance with section 605.0203(1)(b) Florida Statutes, the execution of this  
document constitutes an affirmation under the penalties of perjury that the  
facts stated herein are true.)

Sundica Obrenovic  
Typed or Printed Name of Signer

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