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**FLORIDA LIMITED LIABILITY CO.
Cadena Family Dentistry-OBT, P.L.L.C.**

Certificate of Status	0
Certified Copy	1
Page Count	04
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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION

CADENA FAMILY DENTISTRY - OBT, P.L.L.C. A Florida Professional Limited Liability Company

ARTICLE I NAME AND PRIMARY PURPOSE

The name of this professional limited liability company is Cadena Family Dentistry – OBT, P.L.L.C., referred to in these Articles of Organization as the “Company.”

The sole and specific purpose for which this Company is organized is to engage in every phase and aspect of the business of rendering professional dentistry services to the public. The Company has and shall have as its members only other professional limited liability companies, professional corporations, or individuals who themselves are duly licensed or otherwise legally authorized to render the same professional services.

ARTICLE II MAILING AND STREET ADDRESS

The mailing address and the street address of the principal office of the Company is as follows:

11183 South Orange Blossom Trail, Suite E
Orlando, Florida 32837

ARTICLE III COMMENCEMENT OF COMPANY'S EXISTENCE

In accordance with Section 605.0207, Florida Statutes, the Company's existence shall be deemed to have commenced on the date these Articles of Organization are filed by the Florida Department of State.

ARTICLE IV MANAGEMENT

The Company shall be managed by one or more managers and is therefore a manager managed company. The name and mailing address of the initial manager of the Company is as follows:

Jaime Cadena, D.M.D.
11183 South Orange Blossom Trail, Suite E
Orlando, Florida 32837

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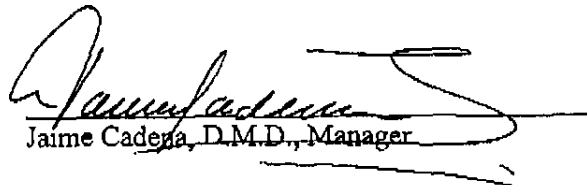
**ARTICLE IV
REGISTERED AGENT**

The address of the initial Registered Office and the Registered Agent at such address are as follows:

Jaime Cadena, D.M.D.
11183 South Orange Blossom Trail, Suite E
Orlando, Florida 32837

**ARTICLE V
APPLICABLE LAW**

The Company is created pursuant to Chapter 605, Florida Statutes, and shall be governed by the laws of the State of Florida.


Jaime Cadena, D.M.D., Manager

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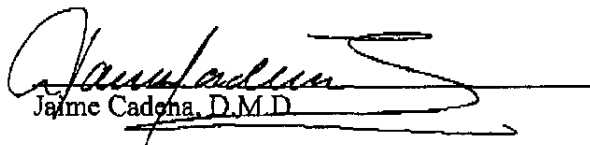
**CERTIFICATE OF DESIGNATION
OF
REGISTERED AGENT AND REGISTERED OFFICE**

Pursuant to the provisions of Section 605.0113, Florida Statutes, the undersigned Professional 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 "Cadena Family Dentistry-OBT, P.L.L.C."
2. The name and the Florida street address of the Registered Agent are as follows:

Jaime Cadena, D.M.D.
11183 South Orange Blossom Trail, Suite E
Orlando, Florida 32837

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 of the Florida Statutes.


Jaime Cadena, D.M.D.

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