

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000166022 3)))



H140001660223ABOW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:  
Division of Corporations  
Fax Number : (850) 617-6383

From:  
Account Name : NASON, YEAGER, GERSON, WHITE & LIOCE, P.A.  
Account Number : 073222003555  
Phone : (561) 686-3307  
Fax Number : (561) 471-0894

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: bmann@nasonyeager.com

FLORIDA LIMITED LIABILITY CO.  
Gentle Dental of Central Boynton Beach, PLLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

RECEIVED

14 JUL 11 PM 1:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

STATE  
TALLAHASSEE, FLORIDA

14 JUL 11 PM 1:45

RECEIVED

14 JUL 14 2014

**ARTICLES OF ORGANIZATION**

**OF**

**GENTLE DENTAL OF CENTRAL BOYNTON BEACH, PLLC**

I, the undersigned authorized representative of the Members, hereby make, acknowledge and file these Articles of Organization for the purpose of forming a professional limited liability company under the laws of the State of Florida. The professional limited liability company is being formed for the practice of dentistry and all other activities permitted under applicable law.

**ARTICLE I**  
**NAME**

The name of this Limited Liability Company is:

GENTLE DENTAL OF CENTRAL BOYNTON BEACH, PLLC

**ARTICLE II**  
**ADDRESS**

The street address and mailing address of the principal office is:

951 Broken Sound Parkway  
Suite 250  
Boca Raton, Florida 33487

**ARTICLE III**  
**CERTIFICATE OF DESIGNATION OF**  
**REGISTERED AGENT/REGISTERED OFFICE**

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

Gary N. Gerson  
1645 Palm Beach Lakes Blvd.  
Suite 1200  
West Palm Beach, Florida 33401

14 JUL 11 PM 1:15  
RECEIVED  
FEDERAL BUREAU OF INVESTIGATION  
U.S. DEPARTMENT OF JUSTICE  
WASHINGTON, D.C. 20535


*Having been named as registered agent to accept service of process for the above-stated limited liability company, at the location designated herein, I hereby consent to and accept the appointment to act in this capacity, acknowledge that I am familiar with and accept the obligations of a registered agent and agree to comply with the laws of Florida applicable thereto.*

  
\_\_\_\_\_  
Gary N. Gerson, Registered Agent

**ARTICLE IV**  
**MANAGEMENT**

The powers of the Limited Liability Company shall be exercised by or under the authority of, and the business and affairs of the Limited Liability Company shall be managed under the direction of, its Managers and is, therefore, a manager-managed company.

**IN WITNESS WHEREOF**, the undersigned authorized representative of the Members has made and subscribed these Articles of Organization at West Palm Beach, Florida, for the uses and purposes aforesaid, this 11 day of July, 2014.

  
\_\_\_\_\_  
Gary N. Gerson, Authorized Representative of the Members

FILED  
14 JUL 11 PM 1:15  
NOTARY PUBLIC  
FLORIDA