

Florida Department of State

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FLORIDA LIMITED LIABILITY CO.

Classic Dental Restaurations LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$125.00

JAN 02 2015

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ARTICLES OF ORGANIZATION FOR

Classic Dental Restorations LLC

FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is:

Classic Dental Restorations LLC

ARTICLE II - Address:

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

10915 Bonita Beach Road Suite 1161 Bonita Springs FL 34135

The street address of the Limited Liability Company is:

10915 Bonita Beach Road Suite 1161 Bonita Springs FL 34135

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

David Chynoweth 10915 Bonita Beach Road Suite 1161 Bonita Springs FL 34135 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 bereby 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 60%, F.S.

David Chynoweth, Registered Agent

Article IV - Management

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company

David Chynoweth

Manager

10915 Bonita Beach Road Suite 1161 Bonita Springs FL 34135

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

David Chynoweth, Signee

Dec 30 14 04:02p

Classic Dental Lab

239 495-6352

p.:

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Effective date, if other than the date of filing: 01/01/2015. 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.)

Article VI:	Other	provisions,	if any.
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REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member. (in accordance with the 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. I am aware that any false information submitted in a document to the Department of State constitutes—a third degree felony as provided in s.817.155, F.S.)

David Chynoweth, signee