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To: Division of Corporations  
Fax Number : (650) 617-6383

From: Account Name : NASON, YEAGER, GERSON, WHITE & LIOCE, P.A.  
Account Number : 073222003555  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: bman@nasonyeager.com

FLORIDA LIMITED LIABILITY CO.  
Sage Dental of Downtown Fort Lauderdale, PLLC

Certificate of Status	1
Certified Copy	0
Page Count	02
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April 10, 2015

FLORIDA DEPARTMENT OF STATE

Division of Corporations

NASON, YEAGER, GERSON, WHITE & LIOCE, P.A.

SUBJECT: SAGE DENTAL OF DOWNTOWN FORT LAUDERDALE, LLC  
REF: W15000024876

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of the entity listed on the fax cover sheet and the name of the entity listed in the document must be identical. Please amend the document or the fax cover sheet accordingly.

The specific purpose of the entity must be set forth in the document.

Most financial institutions require the name(s) and address(es) of persons authorized to manage the limited liability company be listed on our records in order for the business entity to open a bank account. You may wish to revise your document to include the name, address, and title of such persons. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris  
Regulatory Specialist II

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**ARTICLES OF ORGANIZATION  
OF  
SAGE DENTAL OF DOWNTOWN FORT LAUDERDALE, 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:

SAGE DENTAL OF DOWNTOWN FORT LAUDERDALE, 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

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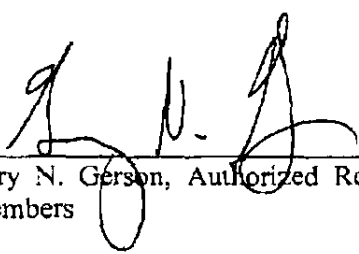
*Having been named as registered agent to accept service of process for the above-stated limited liability company, at the location designated herein, I hereby consent to and accept the appointment to act in this capacity, acknowledge that I am familiar with and accept the obligations of a registered 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 9 day of April, 2015.

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