

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

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From:

Account Name : NASCN, 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.

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FLORIDA LIMITED LIABILITY CO.

Sage Dental of Weston, PLLC

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15 APR 10 AM 10:00

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APR 13 2015

S. YOUNG

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April 10, 2015

FLORIDA DEPARTMENT OF STATE

Division of Corporations

NASON, YEAGER, GERSON, WHITE & LIOCE, PA

SUBJECT: SAGE DENTAL OF WESTON, PLLC
REF: W15000025038

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet. We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

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

Shelia H Young
Regulatory Specialist II

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
INFORMATION SERVICES

15 APR 10 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION
OF
SAGE DENTAL OF WESTON, 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 WESTON, 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

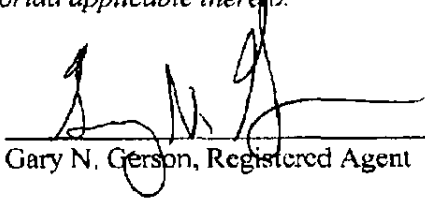
ARTICLE III
CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

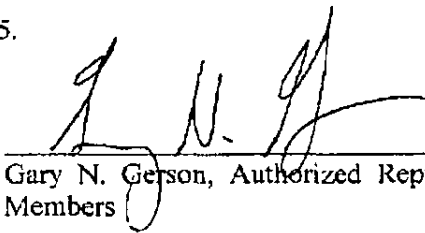


Gary N. Gerson, Registered Agent

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 4 day of April, 2015.



Gary N. Gerson, Authorized Representative of the Members

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COURT