

May 11, 2015 5:38 PM

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Account Number : 076326003550  
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FLORIDA LIMITED LIABILITY CO.  
HEALING SMILES, PLLC

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
OF  
HEALING SMILES, PLLC**

The undersigned authorized representative of a member, for the purpose of forming a professional limited liability company under the Florida Limited Liability Act, Florida Statutes Chapters 605 and 621 (the "Act"), hereby makes, acknowledges and files the following Articles of Organization:

**ARTICLE I — NAME**

The name of the limited liability company is HEALING SMILES, PLLC (the "Company"),

**ARTICLE II - ADDRESS**

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

249 Palm Bay Road NE  
West Melbourne, FL 32904

**ARTICLE III — OTHER PROVISIONS**

The purpose for which the Company is organized is to engage in the practice of dentistry as a professional limited liability company and to provide services incidental thereto, carried out only by employees, officers and agents who are licensed in Florida to render dental services.

**ARTICLE IV - REGISTERED AGENT**

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

Haile, Shaw & Pfaffenberger, P.A.  
660 U.S. Highway One - Third Floor  
North Palm Beach, FL 33408

*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, F.S.*

Haile Shaw & Pfaffenberger, P.A.

By:

  
Philip M. DiComo, Esq.

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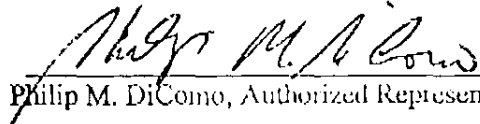
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**ARTICLE V -- MANAGEMENT**

**The name and address of each person authorized to manage and control the Company:**

<u>Title</u>	<u>Name and Address</u>
MGR	Jean Mary Robert Marius DDS 249 Palm Bay Road NE West Melbourne, FL 32904

**REQUIRED SIGNATURE**

  
Philip M. DiComo, Authorized Representative

(In accordance with 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 for in s.817.155, F.S.)

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