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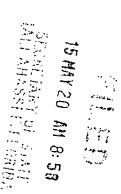
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MAY 21 2015 J SHIVERS



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

May 14, 2015

CAPITAL CONNECTION

SUBJECT: ORMOND FAMILY DENTAL, PLC

Ref. Number: W15000034159

We have received your document for ORMOND FAMILY DENTAL, PLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a professional limited liability company must contain CHARTERED, PROFESSIONAL LIMITED LIABILITY COMPANY, P.L.L.C. or PLLC.

Please return the corrected original and one copy of 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.

Letter Number: 315A00010111

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

#### CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Ormond Family Dent	al, PLC			
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				LTD Partnership File
				Foreign Corp. File
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				Trade/Service Mark
				Merger File
				Art. of Amend. File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
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## CAPITAL CONNECTION, INC.

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Ormond Family Dental, PLLC				
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## Articles of Organization •

Ormond Family Dental, PLLC
(a Florida Professional Limited Liability Company)

ARTICLE I

The name of this professional limited liability company is Ormond Family Dental, PLLC.

ARTICLE II DURATION

This limited liability company shall have perpetual existence.

ARTICLE III
PURPOSE

This limited liability company may engage in every aspect of the business of rendering the same professional services to the public that a licensed dentist, duly licensed under the laws of the State of Florida, is authorized to render. This limited liability company may engage or transact in any or all lawful activities or businesses permitted under the laws of the State of Florida.

ARTICLE IV ADDRESS

The principal place of business and mailing address of this limited liability company shall be 1200 West Granada Bivd., Suite 2, Ormond Beach, Florida 32174.

#### ARTICLE V INITIAL REGISTERED AGENT AND OFFICE

The initial registered agent of this limited liability company is Jacques Benchimol, and the initial registered agent's office address shall be 1200 West Granada Blvd., Suite 2, Ormond Beach, Florida 32174.

ARTICLE VI MANAGEMENT

This limited liability company shall be managed by one or more Managers. The name and address of the initial Manager is:

Jacques Benchimol

1200 West Granada Blvd., Suite 2 Ormond Beach, Florida 32174

ARTICLE VII POWERS

This limited liability company shall have all of the powers enumerated in the Professional Service Corporation and Limited Liability Company Act.

## ARTICLE VIII RIGHT OF CONTINUANCE

The members shall have the right to continue the business on the death, retirement, resignation, expulsion,

LLC/ArtofOrg-Ormand Family Dental/arf/5-15-15/1

bankruptcy, or dissolution of a member or the occurrence of any other event that terminates the continued membership of a member in the limited liability company.

## ARTICLE IX AMENDMENT

These Articles of Organization may be amended in the manner provided in the Operating Agreement of the Company.

IN WITNESS WHEREOF, a member or an authorized representative of a member of the limited liability company has executed these Articles of Organization on the day of May, 2015, and affirms under the penalties of perjury that the facts contained in these Articles of Organization are true to the best of his/her knowledge.

Jacques Benchimol, Member

AM 8:5

#### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

Ormand Family Dental, PLLC

2. The name and address of the registered agent and office is:

Jacques Benchimol 1200 West Granada Blvd., Suite 2 Ormond Beach, Florida, Florida 32174

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.

Jacques Benchimol

Date: May \8 1 2015