

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

**L15000199089  
FILED 8:00 AM  
November 25, 2015  
Sec. Of State  
vherring**

**Article I**

The name of the Limited Liability Company is:

GATOR SMILES, LLC

**Article II**

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

1784 E. HWY 50  
CLERMONT, FL. US 34711

The mailing address of the Limited Liability Company is:

1784 E. HWY 50  
CLERMONT, FL. US 34711

**Article III**

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

GULFSTREAM HEALTH PARTNERS, LLC  
1397 W. LAKESHORE DRIVE  
CLERMONT, FL. 34711

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.

Registered Agent Signature: BRYAN CURRIER

## **Article IV**

The name and address of person(s) authorized to manage LLC:

Title: MGR  
GULFSTREAM HEALTH PARTNERS, LLC  
1397 W. LAKESHORE DR  
CLERMONT, FL. 34711 US

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Signature of member or an authorized representative

Electronic Signature: BRYAN CURRIER

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.