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FLORIDA LIMITED LIABILITY CO.

Blue Water Dental of St. Johns, LLC

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ARTICLES OF ORGANIZATION

OF

BLUE WATER DENTAL OF ST. JOHNS, LLC

Pursuant to Section 605.0201 of the Florida Revised Limited Liability Company Act, Florida Statutes, as amended from time to time (the "Act"), the following are adopted as the Articles of Organization of the limited liability company organized hereby:

ARTICLE I NAME

The name of the limited liability company is Blue Water Dental of St. Johns, LLC (the "Company").

ARTICLE II EFFECTIVE DATE AND DURATION

The effective date upon which this Company shall come into existence shall be the date these Articles of Organization are filed. Unless earlier terminated pursuant to the Act or the Operating Agreement (as defined in § 605.0105 of the Act) of the Company, the period of its duration shall be perpetual.

ARTICLE III ADDRESS

The mailing and street address of the principal office of the Company shall be 334 Willow Wind Parkway, St. Johns, Florida 32259.

ARTICLE IV REGISTERED AGENT AND OFFICE

The initial registered office of the Company shall be 334 Willow Wind Parkway, St. Johns, Florida 32259, and its initial registered agent at such office shall be David W Sorensen, D.M.D.

ARTICLE V MANAGEMENT OF THE COMPANY

The Company will be managed by its members in accordance with and subject to the requirements of the Act and Operating Agreement of the Company.

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	O	ARTICLE VI FFICERS OF THE COMPANY	
	The Officers of the Comp Office	oany are as follows: <u>Name</u>	
	President	David W. Sorensen, D.M.D.	
A		P, the undersigned member of the Company has If of the Company in accordance with § 605.0201	
	Dated this 5th da	y of February, 2016.	
	·	By: Awy Mn. David W. Sorensen, D.M.D., Member	
			16 FEB -8 PH L: 50

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CERTIFICATE DESIGNATING REGISTERED OFFICE AND REGISTERED AGENT FOR THE SERVICE OF PROCESS WITHIN FLORIDA

In compliance with Chapter 605, Florida Statutes, as amended from time to time (the "Act"), the following is submitted:

Blue Water Dental of St. Johns, LLC, desiring to organize or qualify under the laws of the State of Florida as a limited liability company pursuant to the Act, hereby designates David W. Sorensen, D.M.D. as its registered agent to accept service of process within the State of Florida and the address of its registered office shall be 334 Willow Wind Parkway, St. Johns, Florida 32259.

Dated this <u>5th</u> day of February, 2016.		161	<i></i>
By Acril & Down	inhouse.	- - -	22, 21 % 13, 77 % 15
David W. Sorensen, D.M.D., Member	⊞.; -⊞::		3 3
		. n	State A.

Having been named as registered agent to accept service of process for the above stated limited liability company, at the place designated in this certificate, I hereby agree to 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.

Dated this __5th___ day of February, 2016.

David W. Sorensen, D.M.D., Registered Agent