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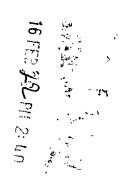
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T. SCOTT



700282228787

02/22/16--01020--016 **125.00



COVER LETTER

	TO: Registration Section Division of Corporations			
SUBJEC	T: 12 SAPPHIRE DR LLC			
	Name of Limited Liability Company			
The enclo	osed Articles of Organization and fee(s) are submitted for filing.			
Please reti	urn all correspondence concerning this matter to the following:			
	STEVEN RODRIGUEZ Name of Person			
	12 SAPPHIRE DR.LLC Firm/Company			
	9477 N. TERRITORIAL RD #130 Address			
	DEXTER, MI 48130 City/State and Zip Code			
	srodriguez @ healthysmilesdentists.com E-mail address: (to be used for future annual report notification)			
For further i	information concerning this matter, please call:			
	Name of Person Area Code Daytime Telephone Number			
Enclosed i	is a check for the following amount:			
\$125.00 F	Filing Fee \$\int \text{\$130.00 Filing Fee & Certificate of Status}\$\ \text{Certified Copy (additional copy is enclosed)}\$\ \text{Certified Copy (additional copy is enclosed)}\$			
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

12.	SAPPHIRE D	SP 1.1.0	1	
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")				
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:				
<u>Prir</u>	ncipal Office Address:		Mailing Address:	
	ODILIAE NA		9477 N. TERRITORIAL PD. +	# 12 0
	PPHIRE DR. EST, FL 33040		DEXTER, MI 48130	~/ S O
ARTICLE III - Registered (The Limited Liability Comp	Agent, Registered Office, &	Registered Ager	DEXTER, MI 48130	~1 5 O
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, & own R	Registered Ager	DEXTER, MI 48130 gent's Signature:	~150
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, & cany cannot serve as its own R an active Florida registration.	Registered Ager .) agent are:	gent's Signature: at. You must designate an individual or	~150
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, & pany cannot serve as its own R an active Florida registration reet address of the registered a	Registered Ager .) agent are:	gent's Signature: at. You must designate an individual or	~150
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, & pany cannot serve as its own R an active Florida registration. Teet address of the registered a	Registered Ager Discourse of the contract of	gent's Signature: at. You must designate an individual or	~ (50
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, & pany cannot serve as its own R an active Florida registration. Teet address of the registered a	Registered Ager Regent are: RODE Name	gent's Signature: It. You must designate an individual or	~ (50
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, & pany cannot serve as its own R an active Florida registration. The reet address of the registered a STEVEN	Registered Ager Agent are: A RODE Name PHIRE D (P.O. Box NO)	gent's Signature: It. You must designate an individual or	~150

further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and l am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Stone R Rodrigue

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- The name and address of each person author	ized to manage and control the Limited Liability Company:				
Title: "AMBR" = Authorized Member "MGR" = Manager AMBR	Name and Address: STEVEN RODRIGUEZ 9477 N. TERRITORIAL RD. #130 DEXTER, MI 48130				
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing:					
Signature of a member This document is executed in I am aware that any false informations at third degree felority.	er or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes. In accordance with section a document to the Department of State only as provided for in s.817.155, F.S.				
<u> </u>	N RODEIGUEZ /ped or printed name of signee				

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)