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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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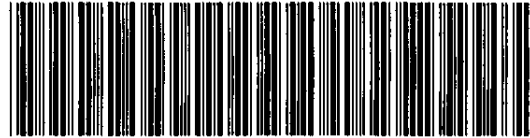
(Business Entity Name)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Bright Smiles Pediatric Dentistry, PLLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brian Wells

Name of Person

Wyatt, Tarrant & Combs, LLP

Firm/Company

250 West Main Street, Suite 1600

Address

Lexington, KY 40507

City/State and Zip Code

bwells@wyattfirm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brian Wells

859

288-7639

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:



\$125.00 Filing Fee



\$130.00 Filing Fee &
Certificate of Status



\$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)



\$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION
OF
BRIGHT SMILES PEDIATRIC DENTISTRY, PLLC

The undersigned, acting as the organizer, hereby forms a professional limited liability company under the laws of the State of Florida, namely Fla. Stat. 621 and 608 (the latter hereinafter referred to as the "Act").

ARTICLE I
NAME

The name of this professional limited liability company is Bright Smiles Pediatric Dentistry, PLLC (the "Company").

ARTICLE II
PURPOSE

The purpose of the Company shall be to engage in the practice of pediatric dentistry, and any other lawful business activity that may be conducted by a professional limited liability company under the laws of Florida and to engage in any and all activities related or incidental thereto.

ARTICLE III
PRINCIPAL OFFICE

The mailing and street address of the initial principal office of the Company is 196 Everest Lane, Unit 1, St. Johns, Florida 32259.

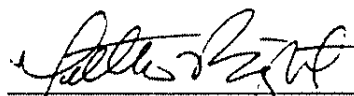
ARTICLE IV
MANAGEMENT

The affairs of the Company shall be managed by its members.

ARTICLE V
DURATION

The Company does not have a specific date of dissolution. The Company shall dissolve as provided in the Act and the Company's operating agreement, as either of which shall be amended from time-to-time.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 31st day of March, 2016.



Matthew Bright, DMD
Sole Member

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MAY 10 2016

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3-31-16

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

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

MATTHEW BRIGHT
196 EVEREST LANE, UNIT 1
ST. JOHNS, FL 32259

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.


Matthew Bright, RMD

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FLORIDA