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Florida Department of State  
Division of Corporations  
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FLORIDA LIMITED LIABILITY CO.  
AOD DENTAL LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I- Name**

The name of the Limited Liability Company is:

**AOD DENTAL LLC**

**ARTICLE II- Address:**

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

Principal Office Address  
8020 SW 24 STREET  
MIAMI FLORIDA 33155

Mailing Address  
8020 SW 24 STREET  
MIAMI FLORIDA 33155

**ARTICLES III-**

Other provisions if any


**ANY PURPOSE**

**ARTICLES IV- Register Agent, Register Office & Register Agent's Signature:)**

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

**ABEL O DE ANNA**  
2901 SOUTH BAYSHORE DRIVE APT 4F  
MIAMI FLORIDA 33133

*Having been named as register 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 register 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 register agent as provided fir in Chapter 605 FS*

  
Registered Agent's Signature (REQUIRED)

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**ARTICLES V- Manager {s} or Managing Member {s} of each Manager or Managing Member is as follows:**

**Title:**

ABEL DE ANNA	MGR' = Manager
ALICIA P. DE ANNA	MGR' = Manager
HERMAN L. DE ANNA	MGR = Manager

**Name**

**Address:**

**ABEL DE ANNA**

2901 SOUTH BAYSHORE DRIVE APT 4F  
MIAMI FLORIDA 33133

**ALICIA P. DE ANNA**

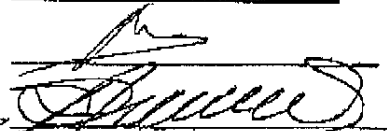
2901 SOUTH BAYSHORE DRIVE APT 4F  
MIAMI FLORIDA 33133

**HERMAN L. DE ANNA**

2901 SOUTH BAYSHORE DRIVE APT 4F  
MIAMI FLORIDA 33133

ARTICLE VI: effective date, if other than the date filing 08/17/15 (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date filing)

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member



(In accordance with section 608.408.3 Florida Statutes the execution of this document constitutes and affirmation under the penalties of perjury that the facts stated herein are true)

**ABEL DE ANNA**

**HERMAN L. DE ANNA**

**ALICIA P. DE ANNA**