

## Florida Department of State

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### FLORIDA LIMITED LIABILITY CO. ALL DENTAL, PLLC

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# ARTICLES OF ORGANIZATION OF ALL DENTAL, PLLC

The undersigned authorized representative of a member, for the purpose of forming a professional limited liability company under the Florida Limited Liability Act, Florida Statutes Chapters 605 and 621 (the "Act"), bereby makes, acknowledges and files the following Articles of Organization:

#### ARTICLE I - NAME

The name of the limited liability company is ALL DENTAL, PLLC (the "Company").

#### ARTICLE II - ADDRESS

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

19356 Paddock View Drive Tampa, FL 33647

#### ARTICLE III - OTHER PROVISIONS

The purpose for which the Company is organized is to engage in the practice of dentistry as a professional limited liability company and to provide services incidental thereto, carried out only by employees, officers and agents who are licensed in Florida to render dental services.

#### ARTICLE IV - REGISTERED AGENT

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

Haile, Shaw & Pfaffenberger, P.A. 660 U.S. Highway One - Third Floor North Palm Beach, FL 33408

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 as provided for in Chapter 605, F.S.

HAILE SHAW & PFAFFENBERGER, P.A.

By: Muli M. Mound Philip M. DiComo, Esq. Apr. 27. 2016 3:15PM FAN: H16000104812 3

#### ARTICLE V -- MANAGEMENT

The name and address of each person authorized to manage and control the Company:

MGR Name and Address

MGR Andrew Lee, DDS
19356 Paddock View Drive
Tampa, FL 33647

Dated: April 27, 2016

#### REQUIRED SIGNATURE

Bhilip M. DiComo, Authorized Representative

(in accordance with Section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any 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.)