

Jun. 24, 2016 2:01 PM
DIVISION OF CORPORATIONS

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Florida Department of State
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FLORIDA LIMITED LIABILITY CO.
DENTAL CARE OF CENTRAL FLORIDA, LLC

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**ARTICLES OF ORGANIZATION
OF
DENTAL CARE OF CENTRAL FLORIDA, LLC**

**ARTICLE I
Name and Duration**

The name of this Limited Liability Company is **DENTAL CARE OF CENTRAL FLORIDA, LLC**, (hereinafter referred to as the "Company"). The duration of the Company shall be perpetual, commencing as of the date signed below or when accepted for filing by the Secretary of State.

**ARTICLE II
Principal Office**

The mailing address and street address of the principal office of the Company is **14442 Palos Place, Winter Garden, Florida 34787**, or such other place as the Members may determine from time to time.

**ARTICLE III
Registered Office and Agent**

The address of the registered office of the Company in the State of Florida is **14442 Palos Place, Winter Garden, Florida 34787**. The name of the registered agent at such address is **Ayman Risha**.

**ARTICLE IV
Company Purposes, Powers and Rights**

1. The nature of the business to be conducted or promoted and the purposes of the Company is to engage in any and all purposes permitted by law.
2. The Company shall have all of the powers granted to a limited liability company under the laws of the State of Florida, including, without limitation, the powers specifically enumerated in Section 605.0109, Florida Statutes.
3. In furtherance of its purposes, the Company shall have all of the general and specific powers and rights granted to and conferred on a company under the laws of the State of Florida, including, without limitation, the powers specifically enumerated in Section 605.0109, Florida Statutes.

**ARTICLE V
Members & Managers**

1. The initial members of the Company (the "Members") are set forth in the Company's records dated as of the date hereof.

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2. Additional Members may be admitted from time to time only upon the written consent of all of the Members, and under the terms and conditions upon which such consent may be conditioned.

ARTICLE VI
Amendment

The Members shall have the right to amend, alter, change or repeal any provision contained in these Articles of Organization, in the manner now or hereafter prescribed by a written agreement among the Members and all rights conferred upon Members herein are granted subject to this reservation.

ARTICLE VII
Regulations

The power to adopt, alter, amend or repeal an Operating Agreement (Regulations) for the management of this Company shall be vested in the Members.

ARTICLE VIII
Transferability of Members' Interest

A Member's interest in the Company may be transferred only with the unanimous written consent of all the remaining Members if the transferee intends to become a Member. Subject to the terms of a written agreement among the Members, without such consent, the transferee shall not be entitled to become a Member of the Company, but shall be entitled only to the share of profits, other compensation or return of contributions to which the transferror otherwise would be entitled.

The undersigned, for the purpose of forming a Limited Liability Company under the laws of the State of Florida, and as the Authorized Representative of the Company, does execute, file and record these Articles of Organization, and does certify that the facts herein stated are true.

DATED: This 6/24 day of June, 2016.

AUTHORIZED REPRESENTATIVE & ORGANIZER:

Ayman Risha
Ayman Risha

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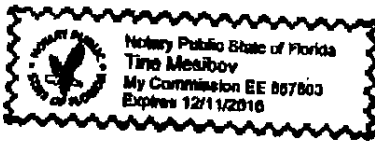
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ACKNOWLEDGMENT

STATE OF FLORIDA)
COUNTY OF Seminole)

The foregoing instrument was acknowledged before me on this 24th day of June 2016, by Ayman Risha, who is: _____ personally known to me; or, 2 presented R200-013-65- form of identification, acting as the Authorized Representative and 242-0 FL Or. Lic. Organizer of this Company.



Tina Mesibov
NOTARY PUBLIC-STATE OF FLORIDA

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT AND REGISTERED OFFICE
OF
DENTAL CARE OF CENTRAL FLORIDA, LLC**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES,
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN
THE STATE OF FLORIDA:

1. The name of the limited liability company is: **DENTAL CARE OF CENTRAL
FLORIDA, LLC**

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

Ayman Risha
14442 Palos Place
Winter Garden, Florida 34787

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.

By: Ayman Risha / 6/24/16

Name: Ayman Risha /Date

Address: Ayman Risha
14442 Palos Place
Winter Garden, Florida 34787

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