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Florida Department of State
 Division of Corporations
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17 AUG 22 AM 9:48

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**FLORIDA LIMITED LIABILITY CO.
 ENHANCE DENTAL CARE LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
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**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY**

17-AUG 22 AM 9:48

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

ENHANCE DENTAL CARE, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

410 N. DILLARD ST. SUITE #101.

WINTER GARDEN, FL34787

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

FARZANA UDDIN

410 N. DILLARD ST. SUITE #101.

WINTER GARDEN, FL34787

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..



FARZANA UDDIN/ Registered Agent's Signature

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager

"MGRM" = Managing Member

**FARZANA UDDIN- AMBR/ MGR
410 N. DILLARD ST. SUITE #101.
WINTER GARDEN, FL34787**

ARTICLE V: Effective date, if other than the date of filing: 8/16/17

(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 of filing.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(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.)

FARZANA UDDIN

Typed or printed name of signee

17 AUG 22 AM 9:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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