4/2/2018

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FLORIDA LIMITED LIABILITY CO.

Professional Dental Alliance of Florida, PLLC

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ARTICLES OF ORGANIZATION OF PROFESSIONAL DENTAL ALLIANCE OF FLORIDA, PLLC

The undersigned authorized representative (the "Authorized Representative") signs these Articles of Organization and forms a Professional Limited Liability Company (the "Company") pursuant to Section 605.0201 of the Florida Revised Limited Liability Company Act (the "Act"), as follows:

ARTICLE I - NAME

The name of the Company is:

Professional Dental Alliance of Florida, PLLC

ARTICLE II - MAILING ADDRESS AND STREET ADDRESS

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

11 South Mill Street, Suite 200 New Castle, PA 16101 (Lawrence County)

ARTICLE III - INITIAL REGISTERED AGENT AND OFFICE

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

C T Corporation System 1200 South Pine Island Road Plantation, FL 33324

The written acceptance of the Company's initial registered agent, pursuant to 605.0201 (2)(c) of the Act, is attached herein as Exhibit A.

ARTICLE IV - MANAGEMENT

The name and address of the initial member of the Company, who is authorized to manage and control the Company, is:

Andrew S. Matta, D.M.D.

11 South Mill Street, Suite 200
New Castle, PA 16101 (Lawrence County)

ARTICLE Y - PURPOSE

The Company is being formed as a professional limited liability company for the purpose of providing dental services within the state of Florida.

ARTICLE VII - DURATION

The Company shall have perpetual existence unless sooner dissolved, according to law; corporate existence shall commence upon the filing of these Articles of Organization with the Florida Department of State, Division of Corporations.

[Remainder of Page Intentionally Left Blank; Signature Page Follows]

In accordance with Section 605.0203(1)(b), of the Florida Revised Limited Liability Company Act, the execution of this document constitutes an affirmation under the penaltics 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 Section 817,155 of the Florida Statutes.

AUTHORIZED REPRESENTATIVE:

Name: Andrew S. Matta, D.M.D.

Title: Member

Date: April 2 , 2018

EXHIBIT A

Written Acceptance of the Company's Initial Registered Agent

See attached.

ACCEPTANCE BY REGISTERED AGENT

Pursuant to Article III of the Articles of Organization of Professional Dental Alliance of Florida, PLLC, a Florida professional limited hability company (the "Company"), the appointed initial registered agent and registered office information of the Company, in the State of Florida, is as follows.

1. The name of the Company is:

Professional Dental Alliance of Florida, PLLC

2. The name and address of the registered agent and office of the Company are:

C T Corporation System 1200 South Pine Island Road Plantation, FL 33324

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 of the Florida Statutes.

Date: April 2, 2018