

**L18000198324**

Florida Department of State  
Division of Corporations  
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**FLORIDA LIMITED LIABILITY CO.  
FLORIDIAN DENTAL AT SUNSET, LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
| Certified Copy        | 0        |
| Page Count            | 03       |
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TALLAHASSEE, FL

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Floridian Dental at Sunset, LLC

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

## ARTICLE II - Address:

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

Principal Office Address:15124 SW 72nd Street  
Miami, Florida 33193Mailing Address:15124 SW 72nd Street  
Miami, Florida 33193ARTICLE 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:

Valentin Lopez c/o Lopez & Partners LLC  
Name2600 S. Douglas Road, Suite 811

Florida street address (P.O. Box NOT acceptable)

Coral Gables FL 33134

City, State, and Zip

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.

Valentin Lopez  
Registered Agent's Signature (REQUIRED)

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Page 1 of 2

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2018 AUG 17 AM 7:50  
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H18000239851

H18000239851

ARTICLE IV- Manager(s) or Managing Member(s):  
The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Larry Vinuela

9001 SW 53 Avenue

Miami, FL 33176

MGRM

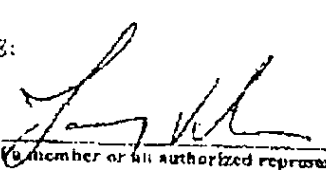
Karl L. Vinuela

9001 SW 53 Avenue

Miami, FL 33176

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 7/26/18 (OPTIONAL)  
(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 his authorized representative of a member.

(In accordance with section 605, Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Larry Vinuela

Typed or printed name of signer

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