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3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

2/31/18 Date: 8/28/2018

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Name:	De Mirza Pediatric Dentistry Wellington, PLLC
Document #:	
Order #:	11132099
Certified Copy of Arts & Amend:	
Plain Copy:	
Certificate of Good Standing:	
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Availability	1
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	Thank you!

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

•	De Mirza Pediatric	Dentistry Wellin	gton, PLLC	
(Must conta	in the words "Limited L	iability Company	, "L.L.C.," or "LLC.")	
ARTICLE II - Address:			•	
The mailing address and street ad	dress of the principal off	fice of the Limite	d Liability Company is:	
Principa	Principal Office Address:		Mailing Address:	
10362	Canoe Brook Circle	-	10362 Canoe Brook Circle	
Boca Raton, FL 33498			Boca Raton, FL 33498	
ARTICLE III - Registered Age The Limited Liability Company	nt, Registered Office, & cannot serve as its own F	Registered Agenit	Boca Raton, FL 33498 ent's Signature: ************************************	
ARTICLE III - Registered Ages The Limited Liability Company of the business entity with an ac-	nt, Registered Office, & cannot serve as its own Fetive Florida registration	Registered Ageric	ent's Signature:	
ARTICLE III - Registered Ages The Limited Liability Company of nother business entity with an ac-	nt, Registered Office, & cannot serve as its own Fetive Florida registration ddress of the registered a	Registered Ageric	ent's Signature:	
ARTICLE III - Registered Ages The Limited Liability Company of the business entity with an ac-	nt, Registered Office, & cannot serve as its own Fetive Florida registration ddress of the registered a	Registered Agerik .) agent are:	ent's Signature:	
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RTICLE III - Registered Age The Limited Liability Company on nother business entity with an ac	nt, Registered Office, & cannot serve as its own Fetive Florida registration ddress of the registered at Ben 10362 Ca	Registered Agenik .) agent are: lita De Mirza Name anoe Brook Circl	ent's Signature: Mou must designate an individual o	

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

19 /95 / 20 / 41 / 19: 0 /

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company:

AMBR" = Authorized Member MGR		1 N Jambar	
Benita De Mirza 10362 Cance Brook Circle Boca Raton, Fl. 33498 V: Effective date, if other than the date of filing: (OPTIONAL) tive Effective date, if other than the specific and cannot be more than five business days prior to or 90 filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records. VI: Other provisions, if any. Signature of a member or an authorized representative of a member. This document is executed in accordance with section 603.0203 (1) (b), Florida Statutes. 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. Benita De Mirza Typed or printed name of signee Filing Fees; \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)		1 McHiner	
Boca Raton, FL 33498 Boca Raton, FL 33498			
Boca Raton, FL 33498 Boca Raton, FL 33498			10362 Canoe Brook Circle
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