

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

**L19000205105  
FILED 8:00 AM  
August 12, 2019  
Sec. Of State  
thampton**

**Article I**

The name of the Limited Liability Company is:  
ZULY DENTAL MEDICINE CENTER LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
4214 SW SANTA BARBARA PL  
CAPE CORAL, FL. 33914-843

The mailing address of the Limited Liability Company is:  
4242 NW 2ND ST  
1204  
MIAMI, FL. 33126

**Article III**

Other provisions, if any:

COMMITTED TO EXCELLENCE IN ALL SERVICES TO OUR PATIENTS SO  
THAT WE MAY HELP THEM ACHIEVE THE HIGHEST LEVEL OF DENTAL  
HEALTH APPROPRIATE FOR THEIR NEEDS IN AN ATMOSPHERE OF  
TRUST AND COMPASSION.

**Article IV**

The name and Florida street address of the registered agent is:  
ZULEIDY FERNANDEZ  
4242 NW 2ND ST, 1204  
MIAMI, FL. 33126

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.

Registered Agent Signature: ZULEIDY FERNANDEZ

### **Article V**

The name and address of person(s) authorized to manage LLC:

Title: MGR  
ZULEIDY FERNANDEZ  
4242 NW 2ND ST, 1204  
MIAMI, FL. 33126

Title: MGR  
ERNESTO FERNANDEZ  
4242 NW 2ND ST, 1204  
MIAMI, FL. 33126

Title: MGR  
ROSAURA PALERMO  
4214 SW SANTA BARBARA PL  
CAPE CORAL, FL. 33914-843

Title: MGR  
YASSIR NEHER  
4242 NW 2ND ST, 1204  
MIAMI, FL. 33126

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### **Article VI**

The effective date for this Limited Liability Company shall be:

08/08/2019

Signature of member or an authorized representative

Electronic Signature: ZULEIDY FERNANDEZ

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.