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Division of Corporations

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Florida Department of State  
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From: Account Name : THERREL BAISDEN, LLP  
Account Number : I20140000065  
Phone : (305)371-5758  
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FLORIDA LIMITED LIABILITY CO.  
4KIDS DENTAL, LLC

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**ARTICLES OF ORGANIZATION  
FOR  
4KIDS DENTAL, LLC**

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**ARTICLE I  
Name**

The name of the Limited Liability Company is 4KIDS DENTAL, LLC

**ARTICLE II  
Address**

The mailing address and street address of the principal office of the Limited Liability Company is: One S.E. 3rd Avenue, Suite 2950, Miami, Florida 33131.

**ARTICLE III  
Existence; Duration**

This limited liability company shall have a perpetual existence, unless dissolved according to law, effective as of the 14<sup>th</sup> day of November, 2019.

**ARTICLE IV  
Registered Agent**

The street address of the initial registered office of the Limited Liability Company shall be Therrel Baisden, LLP., SunTrust International Center, One S.E. 3rd Avenue, Suite 2950, Miami, Florida 33131, and the name of the initial registered agent of the Limited Liability Company at that address is: Jonathan Feuerman, Esq.

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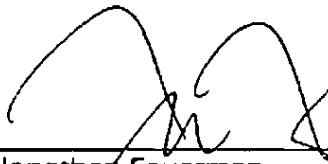
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ARTICLE V 19 NOV 14 PM 2: 08  
Manager-Managed Company

The Limited Liability Company is to be managed by one or more managers and is therefore a manager-managed company. The name and address of the initial manager of this corporation is: **MURIEL IWANOWSKI**, One S.E. 3rd Avenue, Suite 2950, Miami, Florida 33131.

The undersigned authorized representative of the members of 4KIDS DENTAL, LLC, hereby executes these articles of organization on this 14<sup>th</sup> day of November 2019.

  
\_\_\_\_\_  
Jonathan Feuerman,  
authorized representative

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is **4KIDS DENTAL, LLC**
2. The name and the Florida street address of the registered agent and office are:

Jonathan Feuerman, Esquire  
Therrel Baisden, LLP.  
SunTrust International Center  
One S.E. 3rd Avenue, Suite 2950  
Miami, Florida 33131

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.

  
Jonathan Feuerman

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