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Name:	DENTISTRY FOR CHILDREN OF FLORIDA 2, PLLC
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Thank you!

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Dentistry for Children of Florida 2, PLLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

685 Royal Palm Beach Blvd., Suite 201
Royal Palm Beach, FL 33411

Mailing Address:

1350 Spring St. NW #600
Atlanta, GA 30309

ARTICLE 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:

CT Corporation System

Name

1200 South Pine Island Road

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

<u>Plantation</u>	<u>Florida</u>	<u>33324</u>
City	State	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.

By: CT Corporation System

Registered Agent's Signature (REQUIRED)

Rose Song, Assistant Secretary

(CONTINUED)

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TALLAHASSEE, FLORIDA

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

REQUIRED SIGNATURE:

Dr. Robert S. Martin
Typed or printed name of signee