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K. Brumble

CT CORP

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

Date: ____11/14/2019

D	ate:11/14/2019
	Acc#120160000072
Name:	DENTISTRY FOR CHILDREN OF FLORIDA 2, PLLC
Document #:	
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	(Thank you!)

ARTICLES OF ORGANIZATION FOR FLORIDALI MITED LIABILITY COMPANY

ARTICLE 1 - 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:

Mailing Address:

685 Royal Palm Beach Blyd., Suite 201	1350 Spring St. NW #600
Royal Palm Beach, FL 33411	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 Sys	tem	
	Name	
1200 South Pine Isla	and Road	
Florida street addre-	ss (P.O. Box <u>NOT</u> acc	eptable)
Plantation	Florida	33324
Cin	State	Zin

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:

Registered Agents Signature (REQUIRED)

Rose Song, Assistant Secretary

(CONTINUED)

OF :II HY TI AON 6102

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Dr. Robert S. Martin
	1350 Spring St. NW #600
	Atlanta, GA 30309
MGR	Dr. Robert S. Martin
	1350 Spring St, NW #600
	Atlanta, GA 30309
	
	
(Use attachment if necessary) E.V: Effective date, if other than the date of	f filing:
LEV: Effective date, if other than the date of fective date is listed, the date must be spect of filing.) If the date inserted in this block does not me	ific and cannot be more than five business days prior to or 9 set the applicable statutory filing requirements, this date will no
LEV: Effective date, if other than the date of fective date is listed, the date must be specied filing.) If the date inserted in this block does not me ument's effective date on the Department of LEVII Other oppositions if any	ific and cannot be more than five business days prior to or 9 set the applicable statutory filing requirements, this date will no
T.E.V: Effective date, if other than the date of flective date is listed, the date must be spece of filing.) If the date inserted in this block does not measurement's effective date on the Department of the New York of the Control of the New York of the	ific and cannot be more than five business days prior to or 9 set the applicable statutory filing requirements, this date will not f State's records.
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TLE V: Effective date, if other than the date of flective date is listed, the date must be spece of filing.) If the date inserted in this block does not me cument's effective date on the Department of TLE VI: Other provisions, if any, purpose of the Limited Liability Com REQUIRED SIGNATURE: Signature of a men This document is execute I am aware that any false	ific and cannot be more than five business days prior to or 9 set the applicable statutory filing requirements, this date will not State's records.

\$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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