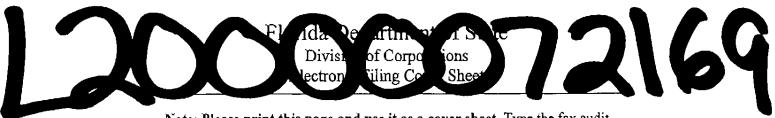
TO:18506176381 FROM:9045126629

nv. zv., Page; Page I of 2



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000077645 3)))



H200000776453ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : REZLEGAL, LLC Account Number : 120140000033 Phone : (904) 685-9321 Fax Number : (904)567-1066

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: rezlegal @ rezlegal

#### FLORIDA LIMITED LIABILITY CO.

Community Dental, LLC

K bycr MAR 10 200

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

981

TO:18506176381 FROM:9045126629

DocuSign Envelope40; 52F42413-A604;4010-A982-F188E405586F

# ARTICLES OF ORGANIZATION OF COMMUNITY DENTAL, LLC

Pursuant to § 605.0201 of the Florida Revised Limited Liability Company Act, Florida Statutes, as amended from time to time (the "Act"), the following are adopted as the Articles of Organization of the limited liability company organized hereby:

#### ARTICLE I NAME

The name of the limited liability company is Community Dental, LLC (the "Company").

### ARTICLE II EFFECTIVE DATE AND DURATION

The effective date upon which the Company shall come into existence shall be the date these Articles of Organization are filed with the Secretary of State. Unless earlier terminated pursuant to the Act or the Operating Agreement (as defined in § 605.0105 of the Act) of the Company, the period of its duration shall be perpetual.

### ARTICLE III ADDRESS

The mailing and street address of the principal office of the Company shall be 35 Executive Way, Suite 100, Ponte Vedra Beach, Florida 32082.

### ARTICLE IV REGISTERED AGENT AND OFFICE

The initial registered office of the Company shall be 35 Executive Way, Suite 100, Ponte Vedra Beach, Florida 32082 and its initial registered agent at such office shall be Kane Sears, DMD.

## ARTICLE V MANAGEMENT OF THE COMPANY

The Company will be managed by its members in accordance with and subject to the requirements of the Act and Operating Agreement of the Company. The name and street address of the members of the Company are:

<u>Name</u> <u>Address</u>

Kane Sears, DMD 35 Executive Way, Suite 100

Ponte Vedra Beach, Florida 32082

J. William Bolton III, DDS 200 Solana Road, Suite A

Ponte Vedra Beach, Florida 32082

3

TO:18506176381 FROM:9045126629

ne. zuzz Page;

4

DocuSign Envelope ID; 52F42413-A604-4010-A9B2-F188E406586F

H20000077645 3

#### ARTICLE VI OFFICERS OF THE COMPANY

The Officers of the Company are as follows:

Office

<u>Name</u>

President

Kane Sears, DMD

Vice President

J. William Bolton III, DDS

IN WITNESS WHEREOF, the undersigned Authorized Representative of the Company has executed these Articles of Organization on behalf of the Company in accordance with  $\S$  605.0201 of the Act.

Dated this <sup>5</sup> day of March, 2020.

By Fall Stars

Kane Sears, DMD, President

DocuSign Envelope ID: 62F42413-A604-4010-A9B2-F188E/05586F

H20000077645 3

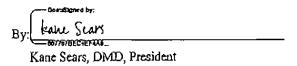
5

#### CERTIFICATE DESIGNATING REGISTERED OFFICE AND REGISTERED AGENT FOR THE SERVICE OF PROCESS WITHIN FLORIDA

In compliance with Chapter 605 of the Florida Revised Limited Liability Company Act, Florida Statutes, as amended from time to time (the "Act"), the following is submitted:

Community Dental, LLC, desiring to organize or qualify under the laws of the State of Florida as a limited liability company pursuant to the Act, hereby designates Kane Sears, DMD as its registered agent to accept service of process within the State of Florida, and the address of its registered office shall be 35 Executive Way, Suite 100, Ponte Vedra Beach, Florida 32082.

Dated this \_\_\_ day of March, 2020.



Having been named as registered agent to accept service of process for the above stated limited liability company, at the place designated in the certificate, I hereby agree to 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.

Dated this 5 day of March, 2020. By: Kane Sears, DMD, Registered Agent

