

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

L20000388682  
FILED 8:00 AM  
December 14, 2020  
Sec. Of State  
jsdennis

**Article I**

The name of the Limited Liability Company is:

LAKE CITY FAMILY DENTAL, PLLC

**Article II**

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

844 S MARION AVE  
LAKE CITY, FL. 32025

The mailing address of the Limited Liability Company is:

844 S MARION AVE  
LAKE CITY, FL. 32025

**Article III**

Other provisions, if any:

TO PROVIDE ORAL HEALTH AND DENTAL SERVICES.

**Article IV**

The name and Florida street address of the registered agent is:

ANDREW ROMAN DMD  
844 S MARION AVE  
LAKE CITY, FL. 32025

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: ANDREW ROMAN, DMD

## Article V

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

Title: MGR  
AVR DENTAL, PA  
2300 SW 43 ST, APT R2  
GAINESVILLE, FL. 32607

Title: MGR  
LAKE CITY DENTAL, PA  
844 S. MARION AVENUE  
LAKE CITY, FL. 32025

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Signature of member or an authorized representative

Electronic Signature: ANDREW ROMAN

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.