

**L21 000003536**

Florida Department of State  
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Email Address: bmann@nasonyeager.com

**FLORIDA LIMITED LIABILITY CO.**  
**Sage Dental of Polo Grounds, PLLC**

Certificate of Status	1
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Electronic Filing Menu

Corporate Filing Menu

Help

2021 JAN -6 AM 7:24

2021 JAN -6 PM 3:20

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

**Article I**

The name of the Limited Liability Company is:

SAGE DENTAL OF POLO GROUNDS, PLLC

**Article II**

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

SAGE DENTAL OF POLO GROUNDS, PLLC  
951 BROKEN SOUND PARKWAY NW  
SUITE 250  
BOCA RATON, FLORIDA 33487

The mailing address of the Limited Liability Company is:

951 BROKEN SOUND PARKWAY NW  
SUITE 250  
BOCA RATON, FL 33487

**Article III**

Other provisions, if any:

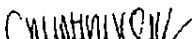
THE PROFESSIONAL LIMITED LIABILITY COMPANY IS ORGANIZED  
FOR THE PRACTICE OF DENTISTRY AND TO CARRY ON ANY  
BUSINESS ACTIVITY THAT IS PERMITTED UNDER THE LAWS OF THE  
STATE OF FLORIDA AND CHAPTER 621 OF THE FLORIDA STATUTES.

**Article IV**

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

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:  Christine Kelm  
Assistant Secretary

2021 JUN -6 PM

### Article V

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

Title: MGR  
SAGE DENTAL GROUP OF FLORIDA, PLLC  
951 BROKEN SOUND PARKWAY NW, SUITE 250  
BOCA RATON, FL. 33487 US

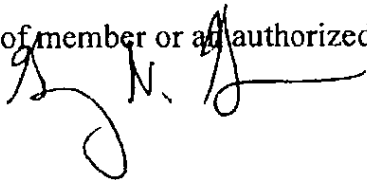
### Article VI

The effective date for this Limited Liability Company shall be:

January 2, 2021

Signature of member or authorized representative

Signature:



Gary N. Gerson, authorized representative of the member

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.

2021 JUN -6 PM 7:24