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Florida Department of State
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To: Division of Corporations
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From: Account Name : NASON, YEAGER, GERSON, WHITE & LIOCE, P.A.
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Email Address: bmann@nasonyeager.com

FLORIDA LIMITED LIABILITY CO.
Sage Dental of Cypress Lakes, PLLC

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

Article I

The name of the Limited Liability Company is:

SAGE DENTAL OF CYPRESS LAKES, PLLC

Article II

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

SAGE DENTAL OF CYPRESS LAKES, PLLC

951 BROKEN SOUND PARKWAY NW

SUITE 250

BOCA RATON, FL 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:

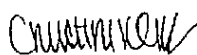
CT CORPORATION SYSTEM

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:



Christina Keim
Assistant Secretary

21 Jan - 5 PM 2021

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

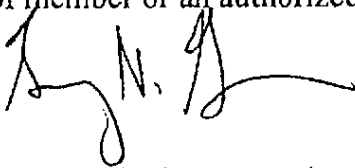
Article VI

The effective date for this Limited Liability Company shall be:

January 2, 2021

Signature of member or an authorized representative

Signature:

A handwritten signature in black ink, appearing to read "G. N. Gerson", written over a horizontal line.

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.