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Florida Department of State
Division of Corporations
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From: Account Name : HUBCO
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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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Email Address: ABESPITZ@GMAIL.COM

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FLORIDA LIMITED LIABILITY CO.
NORTHWEST DENTAL LAB LLC

Certificate of Status	1
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T. BURCH
FEB 18 2021

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

NORTHWEST DENTAL LAB LLC

(Must end with 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:**2500 N UNIVERSITY DR # 15R
SUNRISE, FL 333222500 N UNIVERSITY DR # 15R
SUNRISE, FL 33322**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:

ABRAHAM SPITZ

Name

2500 N UNIVERSITY DR # 15RFlorida street address (P.O. Box **NOT** acceptable)SUNRISEFL 33322

City

Zip

2021 FEB 17 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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..



Registered Agent's Signature (REQUIRED)

ABRAHAM SPITZ

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

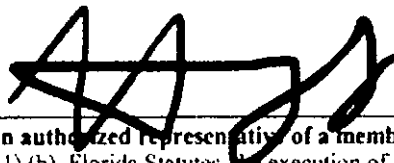
"MGR" = Manager

AMBR**Name and Address:**ABRAHAM SPITZ2500 N UNIVERSITY DR # 15RSUNRISE, FL 33322AMBRSHELDON MILO2500 N UNIVERSITY DR # 15RSUNRISE, FL 33322AMBRJOSEPH MILO2500 N UNIVERSITY DR # 15RSUNRISE, FL 33322AMBRFREDERICK J MICHEL2500 N UNIVERSITY DR # 15RSUNRISE, FL 33322

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 2/12/2021 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.**REQUIRED SIGNATURE:****Signature of a member or an authorized representative of a member.**

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any 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.)

ABRAHAM SPITZ

Typed or printed name of signer

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