Electronic Articles of Organization For Florida Limited Liability Company

L21000074388 FILED 8:00 AM February 12, 2021 Sec. Of State bcbiro

Article I

The name of the Limited Liability Company is: ODONTOPLUS LLC

Article II

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

1952 NW 100TH AVE PEMBROKE PINES, FL. US 33024

The mailing address of the Limited Liability Company is:

19030 NW 10TH STREET PEMBROKE PINES, FL. US 33029

Article III

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

FRANCOIS SIMONPIETRI MR 19030 NW 10TH STREET PEMBROKE PINES, FL. 33029

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: FRANCOIS SIMONPIETRI

Article IV

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

Title: AMBR

FRANCOIS SIMONPIETRI MR

19030 NW 10TH STREET

PEMBROKE PINES, FL. 33029 US

Title: AMGR

LUDMILA TESORO BORGES MS

19030 NW 10TH STREET

PEMBROKE PINES, FL. 33029 US

Article V

The effective date for this Limited Liability Company shall be:

02/12/2021

Signature of member or an authorized representative

Electronic Signature: FRANCOIS SIMONPIETRI

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.

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