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COVER LETTER

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SUBJE	Capital Per	riodontal Associates	. LLC				
3000		Name	of Limited L	iability Company			
The en	closed Articles of	Organization and fe	e(s) are subm	itted for filing.			
Please	return all correspo	ondence concerning	this matter to	the following:			
	Jack E. Kike	er, III					
			Nan	ne of Person			
	Williams, G	autier, Gwynn, DeL	oach & Kiker	·, P.A			
	Firm/Company						
	2010 Delta Blvd						
	Address						
	Tallahassee.	Florida 32303					
	Jake.Kiker@y	williamsgautier.com	•	te and Zip Code			
				ure annual report notifica	ation)		
For furth	ner information co	ncerning this matter	, please call:				
	Jack E. Kike	r, 1H	850 at (3863300			
	- '			ea Code Daytime Telephone Number			
Enclos	ed is a check for t	he following amount	l:				
■\$125.00 Filing Fee ☐\$130.00 Filing Fee Certificate of Status		Fee & C	9\$155.00 Filing Fee & ertified Copy itional copy is enclosed)	□\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				Street Address New Filing Section I The Centre of Tallal 2415 N. Monroe Str Tallahassee, FL 323	hassee reet, Suite 810		

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ARTICLES OF ORGANIZATION OF Capital Periodontal Associates, LLC

The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies that:

ARTICLE I — Name:

The name of the Limited Liability Company (hereinafter referred to as the "Company") is:

"Capital Periodontal Associates, LLC"

ARTICLE II — Addresses:

The initial mailing address of the Company is as follows:

2621 Mitcham Drive, Unit 101 Tallahassee, Florida 32308

The initial street address of the principal office of the Company is as follows:

2621 Mitcham Drive, Unit 101 Tallahassee, Florida 32308

<u>ARTICLE III</u> — Management:

The Company is to be managed by its Manager and is, therefore, a Manager-managed company. The initial Manager shall be:

Dr. William T. Baldock, Jr.

ARTICLE IV — Registered Agent:

The name and the Florida street address of the initial registered agent are:

Jack E. Kiker, III, Esq.
Williams, Gautier, Gwynn, DeLoach & Kiker, P.A.
2010 Delta Blvd.
Tallahassee, Florida 32303

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, Florida Statutes.

Jack E. Kiker, III

Jack E. Kiker, III

SECRETARY OF STATE

Filing Fee: \$100.00 for Articles of Organization

\$25.00 for Designation of Registered Agent