

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

L22000086447
FILED 8:00 AM
February 23, 2022
Sec. Of State
jafason

Article I

The name of the Limited Liability Company is:

HI-DENT DENTAL LABORATORY LLC

Article II

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

398 STEELES AVE WEST
UNIT 204
THORNHILL, ONTARIO, XX. CA L4J 6X3

The mailing address of the Limited Liability Company is:

398 STEELES AVE WEST
UNIT 204
THORNHILL, ONTARIO, XX. CA L4J 6X3

Article III

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

LEGALINC CORPORATE SERVICES INC.
5237 SUMMERLIN COMMONS
SUITE 400
FORT MYERS, FL. 33907

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: DANA CASE ON BEHALF OF LEGALINC CORPORAT

Article IV

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

Title: AMBR
ARNON LEMUD
398 STEELES AVE WEST, UNIT 204
THORNHILL, ONTARIO, XX. L4J 6X3 CA

Title: AMBR
ALIZA LEMUD
398 STEELES AVE WEST, UNIT 204
THORNHILL, ONTARIO, XX. L4J 6X3 CA

Signature of member or an authorized representative

Electronic Signature: JOYCE WOODS

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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