Page: 2 of 4

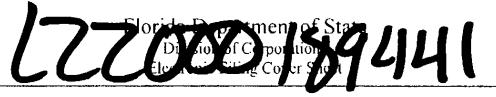
2022-05-09 08:08:28 PDT

19548277645

From: Kaity Toon

5/9/22, 10:06 AM

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	

FLORIDA LIMITED LIABILITY CO.

Imagen of Florida, a Professional Limited Liability Company

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Page Count	03
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT	ICL	E	ŀ	N	ame:
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The name of the Limited Liability Company is:

Imagen of Florida, a Professional Limited Liability Company

(Must contain 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:

874 Sherbourne Circle	16220 N. Scottsdale Road, Suite 300
Lake Mary, FL 32746	Scousdale, AZ 85254

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:

C T Corporation Sys	stem	
	Nima	
1200 South Pine Isla	and Road	
Florida street addres	ss (P.O. Box <u>NOT</u> acc	eptable)
Plantation	Florida	33324
Cly.	State	Zip

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. Thereby accept the appointment as registered agent and agree to act in Fis 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 Apts 605, FS

CT Corporation System

By: Katherine Schneider, Asst. Secretary

Kathin Schrider

Registered Agent's Signature REDIRED

(CONTINUED)



19548277645

From: Kaity Toon

DocuSign Envelope ID: AAF08B6E-68D5-4205-92B8-D24B9194F829

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
MGR	Mark John Fleming, D.D.S. 874 Sherbourne Circle	
	Lake Mary, FL 32746	
		
fective date is listed, the date must be s of filing.)	pecific and cannot be more than five business days p meet the applicable statutory filing requirements, this of State's records.	rior to or 90 days after
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