

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

**L22000500223
FILED 8:00 AM
November 28, 2022
Sec. Of State
dsultana**

Article I

The name of the Limited Liability Company is:

DENTAL IMPLANT 24HRS PEMBROKE PINES LLC

Article II

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

9050 PINES BLVD
SUITE #420
PEMBROKE PINES, FL. US 33024

The mailing address of the Limited Liability Company is:

9050 PINES BLVD
SUITE #420
PEMBROKE PINES, FL. US 33024

Article III

Other provisions, if any:

DENTAL PRACTICE

Article IV

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

DENTAL IMPLANT 24HRS FLORIDA LLC
1525 SW 87 AVE
MIAMI, FL. 33174

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: DASHIEL CARR HODSON DDS

Article V

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

Title: MGR
DENTAL IMPLANT 24HRS FLORIDA LLC
1525 SW 87 AVE
MIAMI, FL. 33174 US

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Article VI

The effective date for this Limited Liability Company shall be:

11/28/2022

Signature of member or an authorized representative

Electronic Signature: DASHIEL CARR HODSON DDS

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.