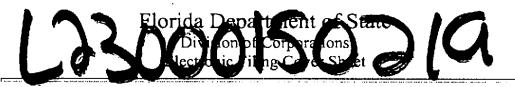
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000121446 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017

Phone : (855)498-5500 Fax Number

: (800)432-3622

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

	Address:			
וובח	BAARACCI			

FLORIDA LIMITED LIABILITY CO. DENTAL TEAM OF BAYVIEW HOLDINGS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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H23000121446 3

COVER LETTER

TO:	New Filin Division o	g Section f Corporations			
SUBJE		TAL TEAM OF BAYVII	EW HOLDINGS	, LLC	
		Name	of Limited Liab	lity Company	
The end	closed Articl	es of Organization and fe	e(s) are submitte	d for filing.	
Please	eturn all cor	respondence concerning	this matter to the	following:	
	Amand	a Howard			
	-		Name o	f Person	
	Florida	Healthcare Law Firm			
			Firm/C	ompany	_
	151 NV	/ 1st Avenue			
			Add	теяя	
	Delray	Beach, FL 33444			
			•	nd Zip Code	
	ahoward	@floridahealthcarelawiii			.
		E-mail address: (to b	e used for future	annual report notificati	ion)
For furth	er informatio	n concerning this matter,	, please call:		
	Amanda	Howard	561 at (455 - 7700	
		Name of Person	Arca Code	Daytime Telephon	e Number
Enclose	d is a check	for the following amount	::		
≣\$125	.00 Filing F	ee □\$130.00 Filing Certificate of Stat	tus Certif	55.00 Filing Fee & led Copy nal copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

. . .

H23000121446 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

DENTAL TEAM OF BAYVIEW HOLDINGS, LLC

(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:

801 S. FEDERAL HIGHWAY SUITE 105	801 S. FEDERAL HIGHWAY SUITE 105
DELRAY BEACH, FL 33483	DELRAY BEACH, FL 33483

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:

Principal Office Address:

THE LAW OFFICES	OF JEFF COHEN	, P.A.
	Namc	
151 NW 1ST AVENU	E	
Florida street address (P.O. Box NOT ac	cceptable)
DELRAY BEACH	FL.	33444
City	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, 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, F.S..

Amanda P. Howard

Registered Agent's Signature (REQUIRED)

(CONTINUED)

. . . .

H23000121446 3

MBR" = Aı GR" = Mar	horized Member	Name and Address:
MBR		JACOB ELEFANT 801 S. FEDERAL HIGHWAY SUITE 105 DELRAY BEACH, FL 33483
		
: Effective	late, if other than the dat	te of filing: (OPTIONAL)
ve date is li ling.) date inserte t's effectiv I: Other pro	ted, the date must be so d in this block does not date on the Departmen visions, if any.	te of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days meet the applicable statutory filing requirements, this date will not be t of State's records.
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