Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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From:

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Account Number : I20000000019 : (305)552-5973 Phone Fax Number (305)675-5944

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. MIAMI SPRINGS DENTAL CENTER LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION FLORIDA LIMITED LIABILITY COMPANY

ADTICLE	
ARTICLE I - Name:	
The name of the Limited Liability Company is:	
-1 Company is:	
MIAMI SPRINGS DENTAL CENTER ARTICLE II - Address: LLC The mailing address and the control of the mailing address and the control of the con	
- PRINGS DENTAL (V-	
ARTICLE II - Address: LCC	
The mailing address and the	
Company is:	
The mailing address and street address of the principal office of the Limited Liability	
- Mailing Address: 101111	
Mailing Address: 10141 SW 40 ST, MIAMI, 3316	_
Stroot Address: 316	5
1663 W. < ann b D1	
Street Address: 7663 W. Sample Rd	
ARTICLE III - Registered 4	
ARTICLE III - Paris	
The name and the relief Agent, Registered Office:	
The name and the Florida street address of the registered agent are: (The Limited Liability with an active Florida registration.)	
Company cannot serve as its own Registered Agent. You must designate an individual or another business entity	
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Raul G. Molina	·•.
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MIAMI FL 33165	ال=1. ال
) > / O >	-
ARTICLE IV	
The name and title of each person authorized	
The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)	
Ravi G. Molina, MGR	
Ravi G. Molina, MGR	
Ashley E. Molina, AMBR	
TIMOR	

Required Signatures:

Signature of

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any 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.

Ravia. Molina

Typed or printed name of signee

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..

Registered Agent's Signature (REQUIRED)