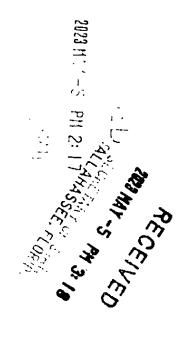
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# **COVER LETTER**

**New Filing Section** 

TO:

Division of Corporations			
SUBJECT: TDC PLANTATION, PLLC			
Name of Lim	ited Liability	Company	
The enclosed Articles of Organization and fee(s) are	submitted fo	r filing.	
Please return all correspondence concerning this man	tter to the fol	lowing:	
JONATHAN LEVINE		_	
	Name of P	erson	
GALVAN MESSICK, PLLC			
	Firm/Com	pany	
951 YAMATO ROAD, SUITE 250			
	Addres	5	
BOCA RATON, FLORIDA 33431			
	ty/State and	Zip Code	
jt@tomaltydentalcare.com			
E-mail address: (to be used)	tor future and	uat report notitication	on)
For further information concerning this matter, please	call:		
Jonathan Levineat ( 56	1 ,	994-5956	
	ea Code	Daytime Telephone	Number
Enclosed is a check for the following amount:			
	Caree	00 EU E	□6160.00 FU: F
■\$125.00 Filing Fee	Certified	00 Filing Fee & Copy copy is enclosed)	□\$160.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	St	reet Address	
New Filing Section		w Filing Section Div	
Division of Corporations P.O. Box 6327		ie Centre of Tallaha: 15 N. Monroe Stree	
Tallahassee, FL 32314		ilahassee, FL 32303	•

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name
------------------

The name of the Limited Liability Company is:

TDC PLANTATION, PLLC

(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:

951 YAMATO ROAD

SUITE 106

BOCA RATON, FLORIDA 33431

951 YAMATO ROAD

SUITE 106

BOCA RATON, FLORIDA 33431

## 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:

GALVAN MESSICK, PLLC

Name

951 YAMATO ROAD, SUITE 250

Florida street address (P.O. Box NOT acceptable)

BOCA RATON

FLORIDA

33431

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

"AMBR" = Manager  MGR  DR. JORDAN S. TOMALTY 951 YAMATO ROAD, SUITE 106 BOCA RATON, FLORIDA 33-131  (Use attachment if necessary)  LE V: Effective date, if other than the date of filing:  (COPTIONAL)  (rective date is listed, the date must be specific and cannot be more than five business days prior to or 90 day of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be unem:'s effective date on the Department of State's records.  LE VI: Other provisions, if any. TAL PRACTICE PROVIDING SERVICES TO PATIENTS  REQUIRED SIGNATURE:  Signature of a weight of a member. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware that any false hormation submitted in a document to the Department of State constitutes a third degree feltony as provided for in s.817.155, F.S.  DR. JORDAN S. TOMALTY Typed or printed name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certificate of Status (Optional) \$ 5.00 Certificate of Status (Optional)	"MGR" = Manager	
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