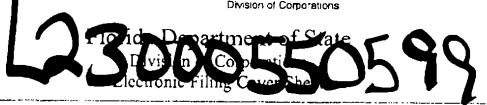
Division of Corporations



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Division of Corporations

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Phone : (305)599-0839 Fax Number : (305)592-9591

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FLORIDA LIMITED LIABILITY CO. CROWN DENTISTRY, LLC

Certificate of Status	0
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12/15/23

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED HABILITY COMPANY

CROWN DENT	ISTRY, LLC
(Must contain the words "Limited Liabil	ity Company, "L.L.C.," or "L.L.C.")
	APART I THE FACE OF THE PARTY O
The mailing address and street address of the principal office of Principal Office Address :	of the Limited Liability Company is: Mailing Address:

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

MANU	EL GONZALEZ	
	Name	
16401 7	NW 83rd COURT	
	(P.O. Box NOT acce	ptable)
MIAMI LAKES	FLORIDA	33016
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 (REQ) IRED

(CONTINUED)

E-18, 53.60
2023 DEC 14 PH 2: 41

. . . .

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	MANUEL GONZALEZ 15401 NW 83rd COURT MIAMI LAKES, FLORIDA 33016
_AMBR	LILIAN GONZALEZ 16401 NW 83rd COURT MIAMI LAKES, FLORIDA 33016
AMBR	ANITA DE LAS NUECES 6020 HIGHLANDS GROVE BLVD. 1.AKELAND FLORIDA 33812
(Use attachment if necessary)	
CLE V: Effective date, if other than the effective date is listed, the date must te of filling.) If the date inserted in this block does cument's effective date on the Department.	ne date of filing
CLE V: Effective date, if other than the effective date is listed, the date must te of filling.) If the date inserted in this block does cument's effective date on the Department.	be specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be
CLE V: Effective date, if other than the effective date is listed, the date must te of filing.) If the date inserted in this block does cument's effective date on the Department's effective	be specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be timent of State's records.
CLE V: Effective date, if other than the effective date is listed, the date must te of filing.) If the date inserted in this block does cument's effective date on the Department's effective	s not meet the applicable statutory filing requirements, this date will not be timent of State's records. I a niember or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes. y false information submitted in a document to the Department of State