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 Account Name : KAUFFMAN THOMPSON, PLLC
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**FLORIDA LIMITED LIABILITY CO.
 ABSOLUTE DENTAL SPECIALTIES, LLC**

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ARTICLES OF ORGANIZATION
OF
ABSOLUTE DENTAL SPECIALTIES, LLC

Under Chapter 605, Florida Statutes
(The Florida Limited Liability Company Act)

The undersigned, being the authorized representative or member of the limited liability company, hereby certifies that:

ARTICLE I – NAME

The name of the limited liability company shall be **ABSOLUTE DENTAL SPECIALTIES, LLC** (the “*Company*”).

ARTICLE II – ADDRESS

The mailing address and the street address of the principal office of the Company is:

Mailing Address:

c/o Kauffman Thompson, PLLC
1990 Main Street, Suite 725
Sarasota, FL 34236

Street Address:

c/o Kauffman Thompson, PLLC
1990 Main Street, Suite 725
Sarasota, FL 34236

ARTICLE III – REGISTERED AGENT

The name and street address of the Company’s initial registered agent for service of process in the State of Florida shall be: **Matthew J. Thompson, Esq., c/o Kauffman Thompson, PLLC, 1990 Main Street, Suite 725, Sarasota, FL 34236.**

ARTICLE IV – MANAGEMENT

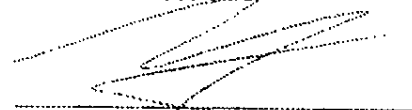
The Company shall be managed by one or more managers. The following persons will serve as the initial managers of the Company, to serve for such term(s) as may be set forth in the Company’s Operating Agreement, or until their earlier death, resignation or removal:

Matthew Thompson

ARTICLE V – MEMBERSHIP RESTRICTIONS

Unless otherwise specified in the Company's Operating Agreement: (a) the Company shall have the right to admit new members by consent of the members holding a majority of the membership interests in the Company; and (b) a member's interest in the Company may not be sold or otherwise transferred except with the written consent of the members holding a majority of all membership interests in the Company, as well as pursuant to any and all applicable provisions of the Company's Operating Agreement.

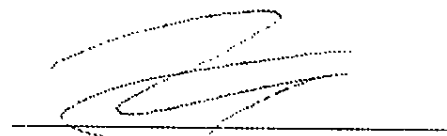
IN WITNESS WHEREOF, the undersigned has signed these Articles of Organization on January 1, 2023, as an authorized representative of the Company or a member thereof, and I affirm, under the penalties of perjury, that the facts stated herein are true.


Matthew Thompson, Organizer
(an authorized representative
of the limited liability company)

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE:

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:


Matthew Thompson

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