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Florida Department of State

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FLORIDA LIMITED LIABILITY CO. ESTETICA DENTAL MANAGEMENT LLC

| Certificate of Status | 1 0 | |
|-----------------------|----------|--|
| Certified Copy | | |
| Page Count | 03 | |
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Electronic Filing Menu

Corporate Filing Menu

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| FLORIDA LIMITED LIADA | * · · · · | |
|--|------------------------------|---------------------------------------|
| ARTICLE I - No. | LITY COMPA | NV |
| ARTICLE I - Name: | 11 | |
| The name of the Limited Liability Company is: | • • | • |
| Company is: | | |
| | 1: | |
| 2) tEtica Don 1.1 11 | • | |
| ADMINISTRATION OF THE PROPERTY | 2001// | |
| ARTICLE II - Address: The mailing all | 017 | |
| The mailing address and street and a | ; | |
| Company is: | office of the | |
| The mailing address and street address of the principal | office of the Limited | l Liability |
| 2500 SW107 AUC, Ste# | • | Ĭ |
| DESCRIPTION STATE | ⊋ (~ . ¬ / | |
| Maria Maria | 33-26. | |
| 11 - 11 Cam , PC 22/10S | | |
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| | | 11 10 |
| ARTICLE III - Registered Agent, Registered Office: | | - 5 m 10 |
| The name and the Florid Agent, Registered Office. | : ' i | |
| Company cannot serve as in a serve and street address of the registered | • | 9 |
| The name and the Florida street address of the registered with an active Florida registration.) | agent are: (The Limited | Giabilin C |
| V | u or another business entity | 67 |
| Lioman Caridad Mark | • | |
| Carious Mark | ne2 | |
| :1/37/Sw26St | | |
| 11 JT 300 LOSF | :: 1: | |
| 10, 11 | | |
| Niami, fl 33165 | | |
| | • | • |
| ARTICLE IV | | |
| The name and title of each | | |
| Liability Company: (MCP) | nd an-m-1 | |
| The name and title of each person authorized to manage an Liability Company: (MGR or AMBR) | id control the Limite | ed |
| - Xioman Cavidad Mulina | | |
| - Acoman Cavidad Martinez | / alipa | \ |
| TATTICE | AMBR | 1 |
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EIN: 33-158 3652

Required Signatures:

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.

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)