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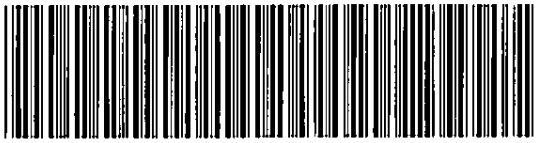

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DATE: 02/14/2025

NAME: RASMUSSEN FAMILY DENTAL FORT MYERS, P.L.L.C.

TYPE OF FILING: **ARTICLES**

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AUTHORIZATION: **ABBIE/PAUL HODGE**

ARTICLES OF ORGANIZATION

OF

RASMUSSEN FAMILY DENTAL FORT MYERS, P.L.L.C.

The undersigned, being authorized to execute and file these Articles on behalf of the members for the purpose of forming a professional limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 605, does hereby certify and adopt these Articles of Organization.

ARTICLE I - NAME

The name of the limited liability company shall be **RASMUSSEN FAMILY DENTAL FORT MYERS, P.L.L.C.** ("Company").

ARTICLE II - ADDRESS

The mailing address of the principal office of the Company shall be 1871 Colonial Boulevard, Fort Myers, FL 33907, and the street address of the principal office of the Company shall be 1871 Colonial Boulevard, Fort Myers, FL 33907.

ARTICLE III – DURATION and PURPOSE

The Company shall commence on the date of filing these Articles of Organization with the Florida Department of State and the Company's existence shall be perpetual. The primary purposes of the Company shall be operation and management of a dental practice and related services.

ARTICLE IV - REGISTERED OFFICE AND AGENT

The name and street address of the registered agent of the Company in the State of Florida is Kerry Anne Schultz, Esquire, 2777 Gulf Breeze Parkway, Gulf Breeze, Florida 32563.

ARTICLE V - CAPITAL CONTRIBUTIONS

The cash and/or property contributed to the Company by its members and the members' obligations to make additional contributions to the Company shall be as prescribed in the Operating Agreement of the Company as adopted and agreed upon by the members.

ARTICLE VI – MANAGER OR MEMBER

The name and address of each Manager or Member is as follows:

Name and Address:	Title:
Dr. Nicole Rasmussen 1871 Colonial Boulevard Fort Myers, FL 33907	Member

ARTICLE VII - ADMISSION OF ADDITIONAL MEMBERS

Additional members may not be admitted except as prescribed in the Operating Agreement of the Company as adopted and agreed upon by the members. Members' interests in the Company may not be transferred except as prescribed in the Operating Agreement of the Company as adopted and agreed upon by the members.

ARTICLE VIII – MEMBERS' RIGHTS TO CONTINUE BUSINESS

Upon the death, retirement, resignation, expulsion, bankruptcy, withdrawal, or dissolution of a member, or upon the occurrence of any other event which terminates the continued membership of a member in the Company, the remaining members of the Company shall have the right to continue the business of the Company as prescribed in the Operating Agreement of the Company as adopted and agreed upon by the members.

ARTICLE IX - MANAGEMENT

The Company shall be member-managed in accordance with the Operating Agreement of the Company as adopted and agreed upon by the members.

ARTICLE X - AMENDMENT

These Articles of Organization and the Operating Agreement of the Company may be amended from time to time as prescribed in the Operating Agreement of the Company as adopted and agreed upon by the members.

IN WITNESS WHEREOF, the undersigned hereby acknowledges and executes these Articles of Organization on behalf of and as an authorized representative of the members and of the Company.

KERRY ANNE SCHULTZ, Organizer

STATE OF FLORIDA
COUNTY OF SANTA ROSA

The foregoing instrument was acknowledged before me by means of ☑ physical presence or ☐ online notarization, this 8th day of February, 2025, by **KERRY ANNE SCHULTZ**, who is ☑ personally known to me or ☐ who has produced _____ as identification and has not taken an oath.

NOTARY PUBLIC
Commission No.: HH356431
Commission Expires: 03/10/2027

KIMBERLY O'KELLEY
NOTARY PUBLIC
Comm. # HH 356431
My Comm Expires
Mar 10, 2027
STATE OF FLORIDA

ACCEPTANCE OF DESIGNATION AS RESIDENT AGENT

KERRY ANNE SCHULTZ, the designated resident agent of **RASMUSSEN FAMILY DENTAL FORT MYERS, P.L.L.C.**, does hereby certify that her business address is 2777 Gulf Breeze Parkway, Gulf Breeze, Florida 32563, do hereby accept the designation and appointment as resident agent of **RASMUSSEN FAMILY DENTAL FORT MYERS, P.L.L.C.**, a Florida Limited Liability Company, and am familiar with and accept the duties and obligations of registered agent.

DATED this 13 day of February, 2025.

KERRY ANNE SCHULTZ

STATE OF FLORIDA
COUNTY OF SANTA ROSA

The foregoing instrument was acknowledged before me by means of ☑ physical presence or ☐ online notarization, this 13th day of February, 2025, by **KERRY ANNE SCHULTZ**, who is ☑ personally known to me or ☐ who has produced _____ as identification and has not taken an oath.

KIMBERLY O'KELLEY
NOTARY PUBLIC
Comm. # HH 356431
My Comm. Expires
Mar 10, 2027
STATE OF FLORIDA

NOTARY PUBLIC
Commission No.: HH356431
Commission Expires: 03/10/2027