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FLORIDA LIMITED LIABILITY CO.
StomatCare of Florida, LLC

Certificate of Status	0
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2018 SEP 18 PM 2:16

REGISTRATION SERVICES

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 SEP 18 PM 2:36

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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**ARTICLES OF ORGANIZATION
OF
STOMATCARE OF FLORIDA, LLC**

1. Name. The name of this limited liability company is **StomatCare of Florida, LLC** (the "Company"), and it shall be formed as a limited liability company under Chapter 605 of the laws of the State of Florida.

2. Duration. The Company's existence shall be perpetual.

3. Purpose. The Company is organized for the purpose of transacting all lawful activities and businesses that may be conducted by a limited liability company under the laws of Florida.

4. Place of Principal Office and Mailing Address. The mailing and street address of the Company's principal office is 333 SE 2nd Avenue, Suite 2520, Miami, Florida 33131.

5. Management. The Company shall be a manager managed company, the names and addresses of the initial managers are:

- | | |
|--------------------------|---|
| Alexander Mikhailov, DDS | 333 SE 2 nd Avenue
Suite 2520
Miami, Florida 33131 |
| Rostislav Krasnov, DDS | 333 SE 2 nd Avenue
Suite 2520
Miami, Florida 33131 |

6. Registered Agent and Office. The name of the initial registered agent of the Company is Alexander Mikhailov, DDS. The street address of the initial registered agent of the Company is 333 SE 2nd Avenue, Suite 2520, Miami, Florida 33131.

7. Operating Agreement. The member shall have the power to adopt, alter, amend, or repeal the Operating Agreement of the Company containing provisions for the regulation and management of the affairs of the Company.

8. Effective Date. The effective date of formation shall be September 17, 2018.

The undersigned executed these Articles of Organization on the 17th day of September 2018.

In accordance with Section 605.0203(1)(b), *Florida Statutes*, the execution of these Articles constitutes an affirmation under the penalties of perjury that the facts stated herein are true.



Alexander Mikhailov, DDS
Authorized Representative of Members

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STATE OF FLORIDA
 DEPARTMENT OF REVENUE
 DIVISION OF CORPORATIONS
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 TAMPA, FLORIDA

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ACCEPTANCE BY REGISTERED AGENT

Having been named Registered Agent and designated to accept service of process for the within-named Company, at the place designated herein, and being familiar with the obligations of that position, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.



Alexander Mikhailov, DDS

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