

DO NOT PUBLISH THIS SECTION

ARTICLE 1

The company name must contain an ending which may be "limited liability company," "limited company," or the abbreviations "L.L.C.", "L.C.", "LLC" or "LC". If you are the holder or assignee of a tradename or trademark, attach Declaration of Tradename Holder form.

ARTICLE 2

May be in care of the statutory agent.

ARTICLE 3

The statutory agent must provide a street address. If statutory agent has P.O. Box, then they must also provide a street address/location. The agent must sign the Articles or provide a consent to acceptance of appointment.

The agent must consent to the appointment by executing the consent.

ARTICLES 4

Complete this section only if you desire to select a date or occurrence when the company will dissolve. If perpetual duration is desired, leave this section blank.

AZ CORPORATION COMMISSION
FILED

FEB 17 2005

FILE NO. L-1182795-6

ARTICLES OF ORGANIZATION

A.R.S. §29-632

1. Name. The name of the limited liability company is:

Sunrise Dentistry, LLC

2. Known Place of Business. The address of the company's known place of business in Arizona is:

5543 W. Orchid Lane Chandler, AZ 85226

3. Statutory Agent. (In Arizona) The name and street address of the statutory agent of the company is:

Tam T. Le

5543 W. Orchid Lane Chandler, AZ 85226

Acceptance of Appointment By Statutory Agent

I Tam T. Le, having been designated to act as
(Printed Name)

Statutory Agent, hereby consent to act in that capacity until removed or resignation is submitted in accordance with the Arizona Revised Statutes.

Tam T. Le
Signature of Statutory Agent

[If signing on behalf of a company serving as
statutory agent, print company name here]

4. Dissolution. The latest date, if any, on which the limited liability company must dissolve is:

January 1, 2035

AZ Corp. Commission
01135427

935671
\$ PAID
50
11199 2/24/05

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ARTICLE 5

Check which management structure will be applicable to your company. Provide name, title and address for each person.

5. Management.

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☐ Management of the limited liability company is **vested in a manager or managers.** The names and addresses of each person who is a manager AND each member who owns a twenty percent or greater interest in the capital or profits of the limited liability company are:

Name: [] member [] manager [] member [] manager

Address: _____

City, State, Zip: _____

Name: [] member [] manager [] member [] manager

Address: _____

City, State, Zip: _____

☒ Management of the limited liability company is **reserved to the members.**
The names and addresses of each person who is a member are:

Tam T. Le

Name: [X] member [] member

Address: 5543 W. Orchid Lane

City, State, Zip: Chandler, AZ 85226

Duc M. Pham

Name: [X] member [] member

Address: 5543 W. Orchid Lane

City, State, Zip: Chandler, AZ 85226

The person(s) executing this document need not be manager or member(s) of the company.

EXECUTED this 15th day of January, 2005.

Tam T. Le
[Signature]

Duc M. Pham
[Signature]

Tam T. Le
[Print Name Here]

Duc M. Pham
[Print Name Here]

PHONE _____

FAX _____

Your fax and phone number is optional.

**ARIZONA CORPORATION COMMISSION
CORPORATIONS DIVISION
SUBMISSION COVER SHEET**

THIS DOCUMENT SUBJECT TO PUBLIC RECORD - Important: use a separate cover sheet for each document

Regarding (Name/proposed name for Corp./LLC):

Sunrise Dentistry, LLC

Please Check or Complete the Appropriate Sections:

1. ☒ NEW Entity Filing ☐ CHANGE to Existing Entity ☐ Resubmission/Corrected Document

2. ☒ Domestic (from Arizona) ☐ Foreign (organized in another state or country)

3. ☐ Profit/Business Corporation (B) ☐ Nonprofit Corporation (NP) ☒ LLC ☐ Trust ☐ Other

4. Payment ☒ Check # 11199 ☐ Cash ☐ MOD account # _____
Amount: \$ 85.00 ☐ No fee required ☐ See attached distribution of funds instructions

5. Processing ☐ Expedited (Priority service, \$35 Additional Fee Per Document)
 ☒ Regular (usually 2-4 months)

3. Filing Type: (Check one only)

☐ Articles of Domestication
☐ Articles of Incorporation
☒ Articles of Organization
☐ Application to Transact Business(B)
☐ Application to Conduct Affairs (NP)
☐ Application for New Authority
☐ Application for Registration
☐ Articles of Amendment
☐ Articles of Amendment & Restatement

☐ Publication of _____
☐ Articles of Correction
☐ Merger of (name): _____

Into: _____

☐ Other: _____

RECEIVED

FEB 17 2005

**ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION**

2. Special Instructions: _____

3. Extras:

☐ Certified Copies- _____ (Qty. @ \$5 ea. for corps or \$10 ea. for LLCs)
☐ Good Standing Certificate- _____ (Qty. @ \$10 ea.)

☐ Expedite Certified Copies (\$35 extra)
☐ Expedite Good Standing (\$35 extra)

4. RETURN DELIVERY VIA: ☒ Mail or ☐ Pick Up or ☐ Fax # (_____) _____
The following individual should be called to pick up completed documents:

Name: _____ Phone: (561) 207-6230

Pick-up by: _____ Date: _____

Please respond promptly to phone messages. Documents will be mailed if they are not picked up in a timely manner - approximately two weeks. In that event, the documents should be mailed to the following address:

Name: FORM-A-CORP LLC Firm: _____

Address: 100 Village Square Crossing

Suite 103

City, State, Zip: Palm Beach Gardens, FL 33410 4531