RI SOS Filing Number: 200951908800 Date: 10/01/2009 10:46 AM

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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

LIMITED LIABILITY COMPANY

APPLICATION FOR REGISTRATION

Pursuant to the provisions of Section 7-16-49 of the General Laws of Rhode Island, I956, as amended, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

1. The name of the limited liability company is:
   CITY DENTAL OF WOONSOCKET, LLC

2. The name, if different, under which it proposes to register and transact business in Rhode Island is:

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3. The limited liability company is organized under the laws of **Delaware**

4. The date of its organization is **August 27, 2009**

5. The period of duration of the limited liability company is (if perpetual, so state) **Perpetual**

6. The address of the limited liability company's resident agent in Rhode Island is:
   515 Social Street (Street Address, **not** P.O. Box) **Woonsocket,** (City/Town), RI **02895** (Zip Code)
   and the name of the resident agent at such address is **ITALO A. LOZADA, DMD** (Name of Agent)

7. The secretary of state is appointed the agent of the foreign limited liability company for service of process if at any time there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.

8. The address of any office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized is:
   515 Social Street, Woonsocket, Rhode Island 02895

9. The mailing address for the limited liability company is:
   515 Social Street, Woonsocket, Rhode Island 02895

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By 100201 10:46

Form No. 450
Revised: 12/05

10. Management of the Limited Liability Company:

A. The limited liability company is to be managed ☐ by its members. ***(If you have checked this box, go to item no. 11.)***

or

B. The limited liability company is to be managed ☑ by one (1) or more managers. ***(If the limited liability company has managers at the time of the filing of these Articles of Organization, state the name and address of each manager.)***

Manager	Address
ITALO A. LOZADA, DMD	**515 Social Street, Woonsocket, Rhode Island 02895**

11. This application is accompanied by a certificate of good standing duly authenticated by the secretary of state or other authorized officer of the jurisdiction under which the foreign limited liability company was organized.

Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: 9/19/09

CITY DENTAL OF WOONSOCKET, LLC

Print Exact Name of Limited Liability Company Making Application

By _____

Signature of authorized person

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CITY DENTAL OF WOONSOCKET, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF AUGUST, A.D. 2009.

Jeffrey W. Bullock, Secretary of State

4724788 8300

090813243

AUTHENTICATION: 7500668

DATE: 08-28-09

You may verify this certificate online at corp.delaware.gov/authver.shtml

CONSENT TO USE OF CORPORATE NAME

I, CIELO R. DEAYALA, Manager of CITY DENTAL, LLC, on behalf of said CITY DENTAL, LLC, hereby consent to the use of the name CITY DENTAL OF WOONSOCKET, LLC, by ITALO A. LOZADA, DMD, Manager, and hereby authorize the Rhode Island Secretary of State to accept the Application for Registration for said CITY DENTAL OF WOONSOCKET, LLC.

CITY DENTAL, LLC:

Dated: 9/28/09, 2009

Cielo R. Deayala

CIELO R. DEAYALA, Manager

2009 OCT -1 AM 11:10

State of Delaware
Secretary of State
Division of Corporations
Delivered 01:07 PM 08/27/2009
FILED 01:06 PM 08/27/2009
SRV 090813243 - 4724788 FILE

STATE of DELAWARE
CITY DENTAL OF WOONSOCKET, LLC
CERTIFICATE OF FORMATION

- **First:** The name of the Limited Liability Company is CITY DENTAL OF WOONSOCKET, LLC (hereinafter, "Company").

- **Second:** The address of the Company's registered office in the State of Delaware is 1201 Orange Street, Suite 600, City of Wilmington, New Castle County, 19801. The name of the Company's registered agent at such address is Agents and Corporations, Inc.

- **Third:** The term of the Company commenced upon the filing of this Certificate of Formation with the Secretary of State of Delaware and shall continue in perpetuity unless the Company is earlier dissolved in accordance with either the provisions of its Operating Agreement or the Delaware Limited Liability Company Act.

In Witness Whereof, the undersigned have executed this Certificate of Formation of CITY DENTAL OF WOONSOCKET, LLC this 27th day of August, 2009.

ITALO A. LOZADA, DMD, Authorized Person

State of Rhode Island and Providence Plantations

A. Ralph Mollis

Secretary of State

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

October 01, 2009 10:46 AM

A. RALPH MOLLIS

Secretary of State

38706-1-426978