



Form Revision Date 07/2016

### ARTICLES OF ORGANIZATION

For use by DOMESTIC PROFESSIONAL LIMITED LIABILITY COMPANY

Pursuant to the provisions of Act 23, Public Acts of 1993, the undersigned executes the following Articles

#### Article I

The name of the professional limited liability company is:

CARABELLI DENTAL, PLLC

#### Article II

The professional limited liability company is formed for the sole and specific purpose of rendering the following professional service(s):

Licensed Dentist in the State of Michigan

#### Article III

The duration of the professional limited liability company if other than perpetual is:

#### Article IV

The Street address of the registered office of the professional limited liability company and the name of the resident agent at the registered office (P.O. Boxes are not acceptable):

- 1. Agent Name: DAVID A KARWACKI
- 2. Street Address: 1442 S MAIN ST.  
Apt/Suite/Other:
- City: ROYAL OAK
- State: MI Zip Code: 48067

3. Registered Office Mailing Address:

- P.O. Box or Street Address:
- Apt/Suite/Other:
- City:
- State: Zip Code:

#### ARTICLE V

All members and managers, will be duly licensed or otherwise legally authorized to render one or more of the professional service(s) for which this professional limited liability company is organized except as otherwise provided in Section 904 of P.A. 23 of 1993 or prohibited.

To include any of the following optional Articles, you may type in the next Article number. Space is provided for adding additional articles or the continuation of previous Articles. Each additional Article must be identified with an Article number.

Signed this 20th Day of December, 2018 by the organizer(s):

| Signature        | Title     | Title if "Other" was selected |
|------------------|-----------|-------------------------------|
| David A Karwacki | Organizer |                               |
|                  |           |                               |

By selecting ACCEPT, I hereby acknowledge that this electronic document is being signed in accordance with the Act. I further certify that to the best of my knowledge the information provided is true, accurate, and in compliance with the Act.

Decline       Accept

***MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS***  
***FILING ENDORSEMENT***

***This is to Certify that the*** ARTICLES OF ORGANIZATION

***for***

CARABELLI DENTAL, PLLC

***ID Number:*** 802267673

***received by electronic transmission on*** December 20, 2018 ***, is hereby endorsed.***

***Filed on*** December 20, 2018, ***by the Administrator.***

***The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.***



***In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 20th day of December, 2018.***

***Julia Dale, Director***

***Corporations, Securities & Commercial Licensing Bureau***