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To:	Division of Corporations Please retain original file	يحر يد
	Pax Number: (850) 617-6383 GOIO OF SUDMISSION 10/04	
From:	Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368	-
	l address for this business entity to be used for future. Of ort mailings. Enter only one email address please.**	
r Teles der Teles er i n	Foreign Limited Liability Company	i.
_	DDP DMO of Florida, LLC	ال م

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COVER LETTER

Division of Corporations	
SUBJECT: DDP DMO of Florida, LLC	
Name of Limited Liability Company	
The enclosed "Application by Poreign Limited Liability Company for Authorization to Transa Existence, and check are submitted to register the above referenced foreign limited liability con	ct Busines: "lorida," Certificate of mpany to a ct business in Florida.
Please return all correspondence concerning this matter to the following:	
Alessandro A. Giannini	
Name of Person	
DDP DMO of Florida, LLC	
Firm/Company	······································
8620 South Tamiami Trail	·····
Address	
Sarasota, FL 34238	
City/State and Zip Code	
agiannini@ddpgroups.com	
E-mail address: (to be used for future annual report notificat	ion) ALL
For further information concerning this matter, please call:	
Alessandro A. Giannini at 941 918-4300	
Name of Person Area Code & Daytime Telephone Nu	mber A
MAILING ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations	STATE ELORIDA
Registration Section Registration Section	골은 F
P.O. Box 6327 Clifton Building	→ Oi. →
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301	
	00 Filing 1 Certificate tus & Cet 1 Copy

APPROVED

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Application by Foreign Limited Liability Company for Author Transact Business in Florida	VION TO
IN COMPLIANCII WITH SECTION 608.513, FLORIDA STATUTES, THE POLLORING IS SUBMITTED TO R LIMITED LIMBULTY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	YER A FOREIGN
1. DDP DMO of Floride, LLC	
(Name of Poreign Limited Disbility Company, must include "Limited Limitity Company," "L.L.C." or	<u> </u>
(If name unavailable, outer alternate name adopted for the purpose of transacting business in Florida and affect consent of the managers or managing numbers adopting the alternate name. The alternate name must include "Company," "L.L.C," "LLC,"	py of the written ted Liability
2. Delaware 3.	
(Jurisdiction under the law of which foreign limited liability (PEI number, if applicable) company is organized)	
4. 9/14/2012 (Date of Organization) 5. Perpetual (Duration: Year limited floidity company exist or "perpetual")	cease to
6. 10/1/2012	
(Date first transacted business hi Plorida, if prior to registration.) (See acctions 608.501 & 604.502 F.S. to determine penalty liability)	
8620 South Tamlami Trail, Suite N-P	****
Serasota, Florida 34238	
(Sirest Address of Principal Office)	
3. If limited liability company is a manager-managed company, check here	SECRETARY ALLAHASSE
). The name and usual business addresses of the managing members or managers are as follows:	
DDP DMO Holdings, LLC 8620 South Tamiami Trail, Suit	en-p SSE f
Sarasota, FL 34238	OF ST
	STATE LORID
O. Attached is an original certificate of existance, no more than 90 days old, duly authenticated by the official havin rejurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign austration of the certificate under ceth of the turnslator must be submitted.)	foreign a
Nature of business or purposes to be conducted or promoted in Florida:	
Management of dental practices.	
200	
Signature of a member or an authorized representative of a member.	
	he
penables of populy that the facts stated licrels are true. I am aware that any false information submided manufactures of State constitutes a third degree follows as provided for in s.81. Alessandro A Giannini	in a , F.S.)
Typed or printed have of viones	

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STA UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE POLLOWING ST TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STAFLORIDA.

TES, THE EMBNT OF

1. The name of the Limited Liability Company is:			
DDP DMO of Florida, LLC			
If unavailable, the alternate to be used in the state of Florida is:			
2. The name and the Florida street address of the registered agent and office are:	**************************************		

CT Corporation System (Name)

1200 South Pine Island Road

Florida Street Address (P.O. Box: NOT ACCEPTABLE)

Plantation PL 33324

City/State/Zip

Having been named as registered agent and to accept service of process for the above state liability company at the place designated in this certificate. I haveby accept the appointmen agent and agree to act in this capacity. I further agree to comply with the provisions of all relating to the proper and complete performance of my duties, and I am familiar with and a obligations of my position as registered agent as provided for in Chapter 608, Floridg Stat

ntied registered stes st the

Connie Bryan

Assistant Secretary

\$ 100.00 Flling Fee for Application

\$ 25.06 Designation of Registered Agent

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional) 19 NCT -4 AH 8:4

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Delaware

DAGE '

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DDP DMO OF FLORIDA, 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 THIRD DAY OF OCTOBER, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

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

AUTHENTY CATION: 9891243

DATE: 10-03-12

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