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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

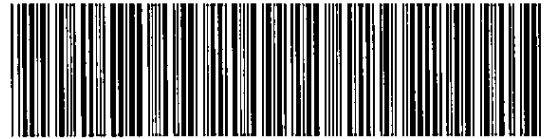
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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 16, 2019

COAST DENTAL MANAGEMENT SOUTH FORT MYERS, LLC
ATTN: GENERAL COUNSEL - MANAGING PARTNE
5706 BENJAMIN CENTER DR, STE. 103
TAMPA, FL 33634

SUBJECT: COAST DENTAL MANAGEMENT SOUTH FORT MYERS, LLC
Ref. Number: W18000110660

We have received your document for COAST DENTAL MANAGEMENT SOUTH FORT MYERS, LLC and your check(s) totaling \$130.00. However, the document has not been filed and is being retained in this office for the following:

You failed to make the correction(s) requested in our previous letter.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Brenda L Vorisek
Director

Letter Number: 919A00001287



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 2, 2019

COAST DENTAL MANAGEMENT SOUTH FORT MYERS, LLC
ATTN: GENERAL COUNSEL - MANAGING PARTNE
5706 BENJAMIN CENTER DR, STE. 103
TAMPA, FL 33634

SUBJECT: COAST DENTAL MANAGEMENT SOUTH FORT MYERS, LLC
Ref. Number: W18000110660

We have received your document for COAST DENTAL MANAGEMENT SOUTH FORT MYERS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation. ✓

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative. ✓

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (805) 245-6000.

Brenda L Vorisek
Director

Letter Number: 918A00026523

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Coast Dental Management South Fort Myers, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

General Counsel - Managing Partner
Name of Person
Coast Dental Management South Fort Myers, LLC
Firm/Company
5706 Benjamin Center Drive, Ste 103
Address
Tampa, FL 33634
City/State and Zip Code
legalgroup@coastdental.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anthony Lacey at (813) 288-1999
Name of Contact Person Area Code Daytime Telephone Number

MAILING ADDRESS:
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certified Copy \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Coast Dental Management Fort Myers, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Coast Dental Fort Myers, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 5706 Benjamin Center Drive, #103 6. 5706 Benjamin Center Drive, #103
(Street Address of Principal Office) (Mailing Address)
Tampa, FL 33634 Tampa, FL 33634

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: NRAI Services, Inc.
 Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Michael Scraphin, Michael Scraphin Asst. Secretary
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Secretary</u>	<u>Tim Diasti</u> <u>5706 Benjamin Center Dr, 103</u> <u>Tampa, FL 33634</u>	<u>President</u>	<u>Adam Diasti</u> <u>5706 Benjamin Center Dr, 103</u> <u>Tampa, FL 33634</u>
<u>CEO</u>	<u>Derek Diasti</u> <u>5706 Benjamin Center Dr, 103</u> <u>Tampa, FL 33634</u>		

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records of the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Adam Diasti
Signature of an authorized person

Adam Diasti, DDS
Typed or printed name of signer

19 APR - 7 PM 3:27
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

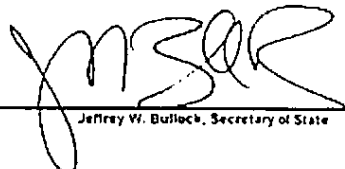
Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "COAST DENTAL MANAGEMENT FORT MYERS, LLC", FILED IN THIS OFFICE ON THE TWENTY-FIRST DAY OF NOVEMBER, A.D. 2018, AT 10:04 O'CLOCK A.M.




Jeffrey W. Bullock, Secretary of State

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SR# 20187756833

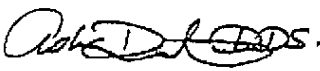
Authentication: 203951664
Date: 11-21-18

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

STATE OF DELAWARE
CERTIFICATE OF FORMATION
OF LIMITED LIABILITY COMPANY

The undersigned authorized person, desiring to form a limited liability company pursuant to the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited liability company is Coast Dental Management Fort Myers, LLC
2. The Registered Office of the limited liability company in the State of Delaware is located at 160 Greentree Drive, Suite 101 (street), in the City of Dover, Zip Code 19904. The name of the Registered Agent at such address upon whom process against this limited liability company may be served is National Registered Agents, Inc.

By: 
Authorized Person

Name: Adam Diasti, D.D.S.
Print or Type

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "COAST DENTAL MANAGEMENT FORT MYERS, LLC", FILED IN THIS OFFICE ON THE TWENTY-FIRST DAY OF NOVEMBER, A.D. 2018, AT 10:04 O'CLOCK A.M.




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