

M19000005431

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

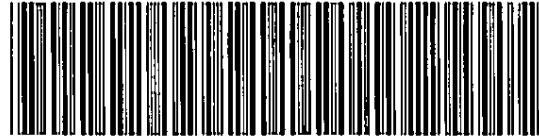
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/23/19--0102F--00E **910.00

FILED
2019 MAY 31 A 9:09
TALLAHASSEE, FLORIDA

D SCOTT

JUN - 4 2019



5706 Benjamin Center Drive
 Suite 103
 Tampa, FL 33634
 813.288.1999

May 30, 2019

SENT VIA FEDERAL EXPRESS MAIL

Florida Department of State
 Division of Corporations
 Registration Section
 Clifton Building
 2661 Executive Center Circle
 Tallahassee, FL 32301

Re: Applications by Foreign Limited Liability Company for Authorization to Transact
 Business in Florida

Dear Sir/Madam:

The enclosed amended applications and required documentation are being submitted to register the following foreign limited liability companies to transact business in Florida:

- Coast Dental Management Lake Mary, LLC:

Check (#101005) made payable to the Secretary of State for the filing fees totaling \$910.00 has been previously sent to your office.

Please return all correspondence concerning this matter to Stephanie Bies in the enclosed Federal Express envelope. If you have any questions, please feel free to contact me at (813) 288-1999.

Sincerely,

Stephanie Bies

Stephanie Bies
 Paralegal II

Enclosures

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 TALLAHASSEE, FLORIDA

RECEIVED
 MAY 31 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Coast Dental Management Lake Mary, 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 Lake Mary, 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

TALLAHASSEE, FLORIDA
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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 Lake Mary, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Coast Dental Lake Mary, 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 (Jurisdiction under the law of which foreign limited liability company is organized) 3. _____ (FEI number, if applicable)

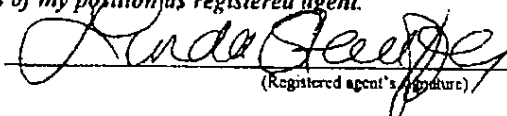
4. 1/1/2019
(Date first transacted business in Florida, if prior to registration.)
 (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

| | |
|---|--|
| 5. <u>5706 Benjamin Center Drive, #103</u> <small>(Street Address of Principal Office)</small> <u>Tampa, FL 33634</u> | 6. <u>5706 Benjamin Center Drive, #103</u> <small>(Mailing Address)</small> <u>Tampa, FL 33634</u> |
|---|--|

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.


(Registered agent's signature) **Linda Stauffer**
Assistant Secretary

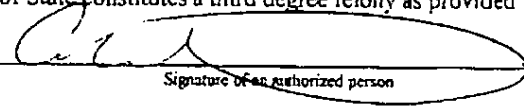
2019 MAY 30
 TALLAHASSEE
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| | | | |
|--|--|------------------|---|
| 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: | | | |
| <u>Secretary</u> | <u>Tim Diasti</u> <u>5706 Benjamin Center Dr, 103</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 in 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.


Signature of an authorized person
Adam Diasti, DDS
Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COAST DENTAL MANAGEMENT LAKE MARY, 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 MAY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COAST DENTAL MANAGEMENT LAKE MARY, LLC" WAS FORMED ON THE FOURTH DAY OF MARCH, A.D. 2019.

FILED
2019 MAY 31 A 9:07
TALLAHASSEE, FLORIDA




Jeffrey W. Bullock, Secretary of State

7308001 8300

SR# 20194608667

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

Authentication: 202910145

Date: 05-28-19