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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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Foreign Limited Liability Company
Genesis Dental Management, LLC

Certificate of Status	0
Certified Copy	0
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2016 JUN 21 AM 8:02
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CLERK OF STATE
TALLAHASSEE, FLORIDA

6/21/2016 4:43:17 PM From: To: 8506176383(2/4)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Genesis Dental Management, 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:

J. Daniel Feltham, Jr.

Name of Person

Bradley Arant Boult Cummings LLP

Firm/Company

1819 Fifth Ave. North

Address

Birmingham, Alabama 35203

City/State and Zip Code

dfeltham@bradley.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Danny Feltham

Name of Contact Person

at (205

Area Code

) 521-8677

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. Genesis Dental Management, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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. Alabama

(Jurisdiction under the law of which foreign limited liability
company is organized)

3. _____

(FEI number, if applicable)

4. 6/21/2016

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

5. 3150 Zelda Ct.

Montgomery, AL 36101

(Street Address of Principal Office)

6. 3150 Zelda Ct.

Montgomery, AL 36101

(Mailing Address)

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

Name: CT Corporation System

Office Address: 1200 South Pine Island Road, Ste. 250

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.



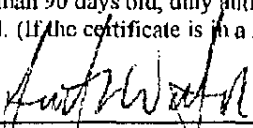
Michael E. Jones

(Registered agent's signature)

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

Forrest Waters, D.M.D. Manager 3150 Zelda Court Montgomery, AL 36101

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)



(Signature of an authorized person)

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.

Forrest Waters, D.M.D.

(Typed or printed name of signee)

FILED
2016 JUN 21 P 1:31
SECRETARY OF STATE
TREASURY OF FLORIDA

John H. Merrill
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

**I, John H. Merrill, Secretary of State of Alabama, having custody of the
Great and Principal Seal of said State, do hereby certify that**

the entity records on file in this office disclose that Genesis Dental Management,
LLC was formed in Montgomery County, Alabama on April 26, 2016. The
Alabama Entity Identification number for this entity is 360-935. I further certify
that the records do not disclose that said entity has been dissolved, cancelled or
terminated.



20160621000017020

**In Testimony Whereof, I have hereunto set my
hand and affixed the Great Seal of the State, at the
Capitol, in the city of Montgomery, on this day.**

6/21/2016

Date

A handwritten signature in cursive script, reading "J. H. Merrill".

John H. Merrill

Secretary of State