

**M170002830073ABC**

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To:

Division of Corporations  
Fax Number : (850)617-6383

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**Foreign Limited Liability Company  
StomatCare DSO, LLC**

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Page Count	01
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Help

H17000283007 3

**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. StomatCare DSO, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. Delaware

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

3. 82-1992722

(FEI number, if applicable)

4. Upon qualification

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

5. 333 SE 2nd Avenue

(Street Address of Principal Office)

Suite 2520

Miami, FL 33131

6. 333 SE 2nd Avenue

(Mailing Address)

Suite 2520

Miami, FL 33131

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

Name:

National Registered Agents, Inc.

Office Address:

1200 S Pine Road

Plantation

(City)

, Florida 33324

(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.*

**James H. Tanks III**

**Assistant 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:

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

CEO

Alexander Mikhailov, DDS

333 SE 2nd Avenue, Ste 2520  
Miami, FL 33131

COO

Rostislav Krasnov, DDS

333 SE 2nd Avenue, Ste 2520  
Miami, FL 33131

(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 authorized person

**Chief Executive Officer**

Typed or printed name of signer

H17000283007 3

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "STOMATCARE DSO, 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-SIXTH DAY OF OCTOBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



6457310 8300

SR# 20176801980

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203466530

Date: 10-26-17