10/26/2017

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IN FLORIDA IN COMPLIANCE WITH SECTION 655092, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO RECESTER A FOREIGN LIMITED LE COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: StometCare DSO, LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLC," o	IN FLORIDA COMPLIANCE WITH SECTION 605002, FLORIDA STATUEN THE POLLOWING IS SUBMITTED TO REGISTER A FUREIGN LIMITED LIABLE PLANTYLOTRANSACTBLSSNESS WITHE STATEOF FLORIDA: Stomet Care of DSO, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L	IN FLORIDA IN COMPLIANCE WITH SECTION 625 0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED Lin Stometicare DSO, LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLC.") If notes universidable, core discrete research and a submitted Liability Company, "universidable "Limited Liability Company," "LLC," or "LLC.") Delinware (Juntification and in the law of which Keeps Limited its with peopeny is eigensted) (Juntification and in the law of which Keeps Limited liability company is eigensted) (Juntification) (See sections 621 3004 & 600 0001, 8.8 to determine people, debuth) (See sections 621 3004 & 600 0001, 8.8 to determine people, debuth) Suite 2520 Mianti, FL 33131 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: National Registered Agents, Inc. Office Address: (City) 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 platignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further to comply with the provisions of all statutes relative to the proper and complate performance of my duttes, and I am familiar in and accept the obligations of my position as registered agent. Assistant Secretary (Registered Secretary (Registered Secretary (Registered Secretary (Registered agent) Assistant Secretary Name and Address: Name and Address: Title or Capacity: Name and Address: Name and Address: Name and Address: Name and Address:	COMPLIANCE WITH SECTION 655 0902, FLOPEDA STATUTES, THE FOLLOWING IS SUBMATTED TO REGISTER A FOREIGN LIMITED LIABIL METANY TO TRANSCE BUSINESS IN THE STATE OF FLOREIGN. StometCare DSO, LLC (Name of Foreign Limited Liability Company, indict include "Limited Liability Company," "LLC," or "LLC,"
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Miami, FL 33131 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 , Florida 33324 (City) (Zip ceds) egistered agent's acceptance: average agent and to accept service of process for the above stated limited diability company at the insignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar	Miami, FL 33131 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 , Florida 33524 (City) (City) (Expects) distered agent's acceptance: while been named as registered agent and we accept service of process for the above stated limited Hability company at the place in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further age omply with the provisions of all statutes relative to the proper and complete performance of my duttes, and I am familiar with accept the obligations of my position as registered agent. James H. Tanks III Assistant Sectionary 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 313 SE 2nd Avenue. Ste 2520 Miami, FL 33131 COO Rostislav Krasnov, DDS	Miami, FL 33131 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 , Florida 33324 (Chy)	Miami, FL 33131 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)
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The First State

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

Authentication: 203466530

Date: 10-26-17