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(Address)

TALLAHASSEE, FL 32301 (904) 681-6528
(City, State, Zip) (Phone #)

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516916
516917

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. **Coast Dental Services, Inc**
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☐ Pick up time _____

☐ Mail out ☐ Will wait ☐ Photocopy

☐ Certified Copy

☐ Certificate of Status

☒ CERTIFICATE OF GOOD STANDING

☐ ARTICLES ONLY

☐ ALL CHARTER DOCS.

☐ Certificate of FICTITIOUS NAME

☐ FICTITIOUS NAME SEARCH

☐ CORP SEARCH

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

**HOLD FOR
PICKUP BY
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Examiner's Initials

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

95 APR 17 PM 2:23

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*****78.75 *****78.75

95 APR 17 PM 12:28

RECEIVED

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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE
STATE OF FLORIDA:**

1. Coast Dental Services, Inc.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Delaware 3. 59-3136131
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. September 12, 1995 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. March 25, 1996
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 617.155, F.S.)
7. 25400 U.S. Highway 19, Suite 225
Clearwater, Florida 34623
(Current mailing address)
8. any lawful act or activity for a corporation organized under the
General Corporation Law of the State of Delaware.
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent:

Name: Darrell C. Smith, Esquire
c/o Shumaker, Loop & Kendrick
Office Address: 101 East Kennedy Boulevard, Suite 2800
Tampa, Florida , Florida , 33602
(Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

Darrell C. Smith
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Name and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Terek Diasti

Address: 25400 U.S. Highway 19, Suite 225

Clearwater, Florida 34623

Director: Adam Diasti

Address: 25400 U.S. Highway 19, Suite 225

Clearwater, Florida 34623

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: Terek Diasti

Address: 25400 U.S. Highway 19, Suite 225

Clearwater, Florida 34623

Senior Vice President: Adam Diasti

Hatem A. L. Diasti - Vice President

Address: 25400 U.S. Highway 19, Suite 225

25400 U.S. Highway 19, Suite 225

Clearwater, Florida 34623

Clearwater, Florida 34623

Secretary: Joseph R. Smith

Address: 25400 U.S. Highway 19, Suite 225

Clearwater, Florida 34623

Treasurer: Joseph R. Smith

Address: 25400 U.S. Highway 19, Suite 225

Clearwater, Florida 34623

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Joseph R. Smith, Secretary and Treasurer
(Typed or printed name and capacity of person signing application)

State of Delaware
Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COAST DENTAL SERVICES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF APRIL, A.D. 1996.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COAST DENTAL SERVICES, INC." WAS INCORPORATED ON THE TWELFTH DAY OF SEPTEMBER, A.D. 1995.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

FILED
SS APR 17 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA




Edward J. Freel, Secretary of State

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AUTHENTICATION: 7909147

DATE: 04-16-96