

m05000003977

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

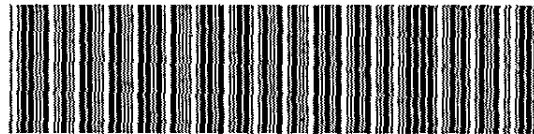
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07/14/05--01022--004 **125.00

FILED
2005 JUL 14 A 9 45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dental Spas of Miami I, 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:

Thomas H. Makeig
(Name of Person)

Thomas H. Makeig, P.C.
(Firm/Company)

500 N Third Street - Ste 213 / PO Box 931
(Address)

Fairfield IA 52556
(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas H. Makeig at (641) 472-2235
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA

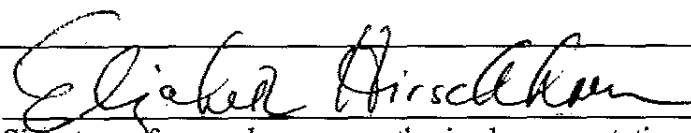
Enclosed is a check for the following amount:

☒ \$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
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Dental Spas of Miami I, LLC
(Name of Foreign Limited Liability Company)
2. Iowa
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 20-3103069
(FEI number, if applicable)
4. June 30, 2005
(Date of Organization)
5. perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")
6. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 108 East Monroe Ave.
Fairfield IA 52556
(Street Address of Principal Office)
8. If limited liability company is a manager-managed company, check here ☒
9. The name and usual business addresses of the managing members or managers are as follows:
Philip Hirschhorn, 108 East Monroe Ave., Fairfield IA 52556
Elizabeth Hirschhorn, 108 East Monroe Ave., Fairfield IA 52556
Marc Baron, 455 NE 55th Terrace, Miami FL 33137
10. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: dental spa



Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Elizabeth Hirschhorn

Typed or printed name of signee

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2005 JUL 14 A 9 45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Dental Spas of Miami I, LLC

2. The name and the Florida street address of the registered agent and office are:

Registered Agents Legal Services, Inc.

(Name)

1333 North Duval Street

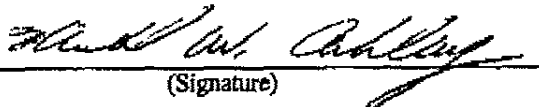
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Tallahassee,

FL 32303

City/State/Zip

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.



(Signature)

FILED
JUN 30 2005
TALLAHASSEE
STATE OF FLORIDA
A 4 45

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)



Date: 07/05/2005

SECRETARY OF STATE

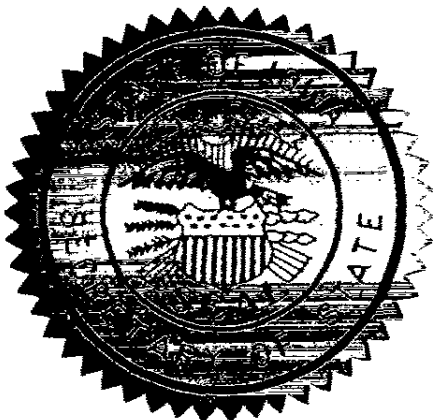
490DLC-000313574
DENTAL SPAS OF MIAMI I, LLC
THOMAS H MAKEIG, P.C.
LAW OFFICE
500 N 3RD ST STE 213 PO BOX 931
FAIRFIELD, IA 52556

CERTIFICATE OF EXISTENCE

Name: DENTAL SPAS OF MIAMI I, LLC
Date of Organization: 06/30/2005
Duration: PERPETUAL

I, CHESTER J. CULVER, Secretary of State of the State of Iowa, custodian of the records of limited liability companies, certify that the limited liability company named on this certificate was duly organized under the laws of Iowa on the date printed above, that all fees required by the Iowa Limited Liability Company Act have been paid, and that articles of dissolution have not been filed.

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2005 JUL 14 A 9 45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Chester J. Culver
CHESTER J. CULVER, SECRETARY OF STATE

