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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
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#### COVER LETTER

	gistration Section vision of Corporations	•	
SUBJECT:	TeethToday Member	Group LLC	
20		Name of Limited Liability Company	_
		ciability Company for Authorization to Transact Business in above referenced foreign limited liability company to train	
Please return	all correspondence concerning this	matter to the following:	
	Philip Bogart		
		Name of Person	WINDLESS OF THE PARTY OF THE PA
,	Saul Ewing LLP		
		Firm/Company	
	500 E. Pratt Street	, 9th Floor	
		Address	<del></del> _
	Baltimore, MD 212	02	
		City/State and Zip Code	
	jganeles@flsmile.d	com	
	E-mail addres	s: (to be used for future annual report notification)	<del>- 5</del> 5
For further in	nformation concerning this matter, p	lease call:	AUG 21 1
M'	Linda Draughn	410 332-8859	M I : 0
	Name of Person	Area Code & Daytime Telephone Number	
Divi Reg P.O.	ILING ADDRESS: sion of Corporations istration Section Box 6327 ahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	.eve*

□ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate Certified Copy

#### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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

TeethToday Member Group LLC     (Name of Foreign Limited Liability Company; must inch		~
(If name unavailable, enter alternate name adopted for the purpo consent of the managers or managing members adopting the alte Company," "L.L.C," "LLC.")		
<sub>2.</sub> Delaware	<sub>3.</sub> 46-3014951	
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)	~
<sub>4.</sub> 06/17/2013	<sub>5.</sub> perpetual	
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")	<b></b>
6. N/A		
(Date first transacted business in Fl (See sections 608,501 & 608,502 F.S	orida, if prior to registration.) . to determine penalty liability)	
<sub>7.</sub> 3020 N. Military Trail, Suite 200		
Boca Raton, FL 33431	アザ ユン t. ? ぜたけい	MI3
	of Principal Office)	
8. If limited liability company is a manager-managed	company, check here	62
9. The name and usual business addresses of the man	naging members or managers are as follows:	些
Jeffrey Ganeles, DMD		⊕
3020 N. Military Trail, Suite 200	# 12 - 12 - 12 - 12 - 12 - 12 - 12 - 12	<del>-</del>
Boca Raton, FL 33431		_
10. Attached is an original certificate of existence, no more than 90 the jurisdiction under the law of which it is organized. (A photocopranslation of the certificate under eath of the translator must be sub-	py is not acceptable. If the certificate is in a foreign language, a smitted.)	
consulting services.		
Strade		
	thorized representative of a member.	
	cution of this document constitutes an affirmation under the use. I am aware that any false information submitted in a	
document to the Department of State constitutes	s a third degree felony as provided for in s.817.155, F.S.)	
Philip Bogart, Authorized R	representative	

Typed or printed name of signee

### 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.

	e of the Limited Lial day Member Gr	• •	any is:	
	le, the alternate to be		e state of Florida is:	
2. The name	e and the Florida stre	eet address	of the registered agent and office are:	
	Jeffrey Gar	neles, Di	MD	
			(Name)	_
	3020 N. Milit	ary Trail,	Suite 200	Ig 2
			Iress (P.O. Box NOT ACCEPTABLE)	
	Boca Raton		FL 33431	
			City/State/Zip	
liability com registered ag statutes relat	pany at the place des gent and agree to act ing to the proper and	signated in to in this capa d complete p	to accept service of process for the above his certificate, I hereby accept the appoincity. I further agree to comply with the performance of my duties, and I am familitered agent as provided for in Chapter 6	ntment as provisions of all liar with and
	$\bigwedge$ 1 $_{1}$	<i>y</i> •		,
		\$ 100.00 \$ 25.00	Filing Fee for Application Designation of Registered Agent	
		\$ 30.00	Certified Copy (optional)	
		\$ 5.00	Certificate of Status (optional)	

## Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TEETHTODAY MEMBER GROUP 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 NINETEENTH DAY OF AUGUST, A.D. 2013.

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AUTHENTICATION: 0674835

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