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Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BARITZ & COLMAN LLP

Account Number: I2000000130

Phone : (561)864-5100

Fax Number : (561)864-5101

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: +Ledental @ acc. dom

Foreign Limited Liability Company TLC Dental - Hollywood, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

T. Sureh FEB. L. 2014

TRANSACT BUSINESS IN FLORIDA				
IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	REGISTER A F	OREIGN		
, TLC Dental - Hollywood, LLC				
(Name of Poreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")				
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and atta consent of the managers or managing members adopting the alternate name. The alternate name must include Company," "LLC," "LLC.")				
2. Delaware 3.				
(Jurisdiction under the law of which foreign limited liability opening is organized) (PEI number, if applicable opening is organized)	;)	-		
4.	•			
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	TAI S	_ 		
5. 1718 Sheridan Street, Suite B-102, Hollywood, Ft 33020	<u> </u>	<u>ب</u>		
	HA KET	83.		
(Street Address of Principal Office)	\$25			
6. Same	EDO A	200		
	44			
(Algebra della constituent)	- S	$\ddot{\alpha}$		
(Mailing Address)	ATE RIO			
7. The name, title or capacity and address of the person(s) who has/have authority to man		٠		
Steven D. Muckey, Manager		_		
1718 Sheridan Street, Suite B-102, Hollywood, Fl 33020	_	_		
		-		
8. Attached is an original certificate of existence, no more than 90 days old, duty authenticated by the official having the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a translation of the certificate under eath of the translation must be submitted.) Signature of an authorized person	ring Custody of rec foreign language,	conds a		
(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation to	inder the			
penalties of perjury that the facts stated herein are true. I am aware that any false information sub- document to the Department of State constitutes a third degree felony as provided for in s.8.	mitted in a			
Steven D. Muckey, Manager				
Typed or printed name of signee				

bc

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:	
TLC Dental - Hollywood, LLC	
If unavailable, the alternate to be used in the state of Florida	is:
2. The name and the Florida street address of the registered	agent and office are: SECRETARY TALLAHASSEE
Baritz & Colman, LLP	ARE LEB
(Name)	A SS
1075 Broken Sound Parkway NW Suite	רייעדיייון ככל יייייין כייייין כייייין כייייין כייייין כיייייין כייייין כיייייין כיייייין כיייייין כיייייין כיייייין
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Boca Raton FL 33	487 D A
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 duttes, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

(Signature)

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



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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "TLC DENTAL-HOLLYWOOD, 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 FOURTH DAY OF FEBRUARY, A.D. 2014.

14 FEB | 1 AH 8: 10
SECRETARY OF STATE
TALLAHASSEF, FI ORION

5476563 8300

140010974

You may verify this certificate online at corp.delaware.gov/authver.shtml

AUTHENTYCATION: 1109872

DATE: 02-04-14