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Florida Department of State
Division of Corporations
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Account Name : BARITZ & COLMAN LLP
Account Number : I20000000130
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: TLCdental0@aol.com

**Foreign Limited Liability Company
TLC Dental-Aventura, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$125.00

RECEIVED

14 OCT 22 PM 12:00

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

ALLAHASSEE, FLORIDA

14 OCT 22 PM 2:25

FILED

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. TLC Dental-Aventura, LLC

(Name of Foreign 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. The alternate name must include "Limited
Liability Company," "L.L.C.," or "LLC.")

2. Delaware(Jurisdiction under the law of which foreign limited liability
company is organized)

3. _____

(FBI number, if applicable)

4. _____

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 20475 Biscayne Blvd.Miami, Florida 33180

(Street Address of Principal Office)

6. same as above

(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Steven Muckey, Managing Member

8. 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)



Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I
am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Steven Muckey, Manager

Typed or printed name of signer

FILED
14 OCT 22 PM 2:25
TALLAHASSEE, FLORIDA

**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-Aventura, 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:

Steven Muckey

(Name)

15 Saranac Road

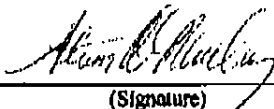
Florida Street Address (P.O. Box NOT ACCEPTABLE)

Sea Ranch Lakes

FL 33308

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 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)

Delaware

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The First State


I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TLC DENTAL-AVENTURA, 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 SEVENTH DAY OF OCTOBER, A.D. 2014.



5617261 8300

141267023

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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1761754

DATE: 10-07-14

10/07/2014 TUE 14:59 FAX 5618645101 Baritz & Colman

0004/004

State of Delaware
Secretary of State
Division of Corporations
Delivered 02:48 PM 10/07/2014
FILED 02:48 PM 10/07/2014
SRV 141267023 - 5617261 FILE

STATE of DELAWARE
LIMITED LIABILITY COMPANY
CERTIFICATE of FORMATION

First: The name of the limited liability company is TJC Dental-Aventura, LLC

Second: The address of its registered office in the State of Delaware is 2711
Centerville Road Ste 400 in the City of Wilmington
Zip code 19808. The name of its Registered agent at such address is
The Company Corporation

Third: (Use this paragraph only if the company is to have a specific effective date of dissolution: "The latest date on which the limited liability company is to dissolve is _____.")

Fourth: (Insert any other matters the members determine to include herein.)

In Witness Whereof, the undersigned have executed this Certificate of Formation this

7th day of October, 2014

By Nancy B. Colman
Authorized Person (s)

Name: Nancy B. Colman, Esq.