

MI7000004766

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

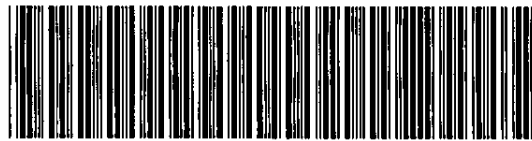
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/15/17--01044--013 **130.00

FILED
2017 JUN -2 PM 2:21
SECRETARY OF STATE
TALLAHASSEE FLORIDA

JUN 05 2017
J. HARRIS

20067-21M

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Coast Dental Management Riverview, 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:

Deborah Ashley, Esq

Name of Person

Coast Dental Management Riverview, LLC

Firm/Company

4010 W. Boy Scout Blvd, Ste 1100

Address

Tampa, Florida 33607

City/State and Zip Code

legalgroup@coastdental.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deborah Ashley, Esq

Name of Contact Person

at (813)

Area Code

288-6275

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 17, 2017

DEBORAH ASHLEY
4010 W BOY SCOUT BLVD, STE 1100
TAMPA, FL 33607

SUBJECT: COAST DENTAL MANAGEMENT RIVERVIEW, LLC
Ref. Number: W17000042025

FILED
2017 JUN -2 PM 2:21
SECRETARY OF STATE
TALLAHASSEE FLORIDA

We have received your document for COAST DENTAL MANAGEMENT RIVERVIEW, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 017A00009870

RECEIVED
2017 JUN -2 PM 12:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

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

1. Coast Dental Management Riverview, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Coast Dental Riverview, 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 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI 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. 4010 W. Boy Scout Blvd, Ste 1100 6. 4010 W. Boy Scout Blvd, Ste 1100
(Street Address of Principal Office) (Mailing Address)
Tampa, Florida 33607 Tampa, Florida 33607

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: NRAI Services, Inc.
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

Registered agent's acceptance:

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 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.

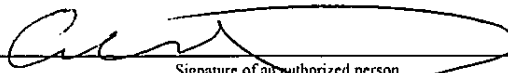
(Registered agent's signature)

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

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>President</u>	<u>Tim Diasti</u> <u>4010 W. Boy Scout Blvd, Suite 1100</u> <u>Tampa, Florida 33607</u>	<u>CEO</u>	<u>Adam Diasti, DDS</u> <u>4010 W. Boy Scout Blvd, Suite 1100</u> <u>Tampa, Florida 33607</u>
_____	_____	_____	_____
_____	_____	_____	_____

(Use attachments if necessary)

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)



Signature of authorized person

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Adam Diasti

Typed or printed name of signer

FILED
2017 JUN -2 PM 2:21
SECRETARY OF STATE
TALLAHASSEE FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
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Coast Dental Riverview, LLC

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Ternell Kearney Ternell Kearney Assistant Secretary
(Registered agent's signature)

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<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>President</u>	<u>Tim Diasti</u> <u>4010 W. Boy Scout Blvd, Suite 1100</u> <u>Tampa, Florida 33607</u>	<u>CEO</u>	<u>Adam Diasti, DDS</u> <u>4010 W. Boy Scout Blvd, Suite 1100</u> <u>Tampa, Florida 33607</u>
_____	_____	_____	_____
_____	_____	_____	_____

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Signature of an authorized person

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Typed or printed name of signer

FILED
2017 JUN -2 09:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COAST DENTAL MANAGEMENT RIVERVIEW, 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 NINTH DAY OF MAY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COAST DENTAL MANAGEMENT RIVERVIEW, LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF APRIL, A.D. 2017.



6392829 8300

SR# 20173264104

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202508693

Date: 05-09-17