

M17000005627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700300319787

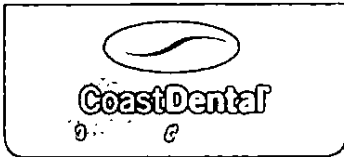
06/30/17--01012--001 **1500.00

CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

2017 JUN 30 PM 3:49

FILED

D BRUCE
JUL 03 2017



June 29, 2017

SENT VIA OVERNIGHT MAIL

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

Re: Applications by Foreign Limited Liability Company for Authorization to Transact
Business in Florida

Dear Sir/Madam:

The enclosed applications and required documentation are being submitted to register the following foreign limited liability companies to transact business in Florida:

- Coast Dental Management Bloomingdale, LLC
- Coast Dental Management Brooksville, LLC
- Coast Dental Management East Lake, LLC
- Coast Dental Management Melbourne, LLC
- Coast Dental Management Metro West, LLC
- Coast Dental Management Ormond Beach, LLC
- Coast Dental Management Plant City, LLC
- Coast Dental Management Summerlin, LLC
- Coast Dental Management Sarasota, LLC
- Coast Dental Management Sun City, LLC

Also enclosed is a check (#030269) made payable to the Secretary of State for the filing fees totaling \$1,300.00 and a self-addressed, prepaid Federal Express envelope.


FILED
2017 JUN 30 PM 3:49
TALLAHASSEE, FLORIDA

Florida Department of State
Division of Corporations
Registration Section
June 29, 2017
Page Two

Please return all correspondence concerning this matter to Deborah Ashley in the enclosed Federal Express envelope. If you have any questions, please feel free to contact me at (813) 288-6221.

Sincerely,

Sincerely,



Janice L. Magrià, ACP
Legal Department Manager

/jlm

Enclosures

FILED
2017 JUN 30 P 3:49
DIVISION OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: COAST DENTAL MANAGEMENT BLOOMINGDALE, 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 Bloomingdale, 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)

2017 JUN 30 P 3:49
STATE OF FLORIDA
TALLAHASSEE

FILED

For further information concerning this matter, please call:

Deborah Ashley, Esq

at (813) 288-6275

Name of Contact Person

Area Code

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

**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 Bloomingdale, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

Coast Dental Bloomingdale, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

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

3. _____
(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
(Street Address of Principal Office)
Tampa, Florida 33607

6. 4010 W. Boy Scout Blvd, Ste 1100
(Mailing Address)
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.

Peter F. Souza
Assistant Secretary

(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, Ste 1100</u> <u>Tampa, FL 33607</u>	<u>CEO</u>	<u>Adam Diasti, DDS</u> <u>4010 W. Boy Scout Blvd, Ste 1100</u> <u>Tampa, FL 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)

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, DDS
(Signature of an authorized person)

Adam Diasti, DDS

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "COAST DENTAL MANAGEMENT BLOOMINGDALE,
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 TWENTY-SEVENTH DAY OF JUNE, A.D. 2017.



6457266 8300

SR# 20174924222

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

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

Authentication: 202790266

Date: 06-27-17