

1718000002644

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

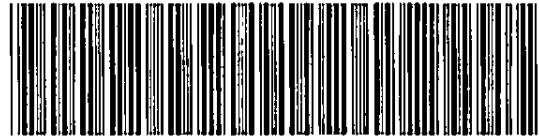
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

cert (cc copy) WB-4584

Office Use Only



400307596134

01/16/18--01017--022 **125.00

FILED
18 MAR 15 PM 2:25
CLERK OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

MAR 16 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 9, 2018

ALESSANDRO A. GIANNINI
5020 CLARK ROAD, UNIT 426
SARASOTA, FL 34233

SUBJECT: FLORIDA AFFILIATED DENTAL SUPPORT, LLC
Ref. Number: W18000004584

We have received your document for FLORIDA AFFILIATED DENTAL SUPPORT, LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

You failed to make the correction(s) requested in our previous letter.

SCREEN PRINT SENT DOES NOT MEET STATUTORY REQUIREMENTS,
MUST ORDER A SHORT FORM GOOD STANDING CERTIFICATE FROM
DELAWARE SECRETARY OF STATE

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.

Stacey M Warren
Regulatory Specialist II

Letter Number: 518A00002868



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 17, 2018

ALESSANDRO A. GIANNINI
5020 CLARK ROAD, UNIT 426
SARASOTA, FL 34233

SUBJECT: FLORIDA AFFILIATED DENTAL SUPPORT, LLC
Ref. Number: W18000004584

We have received your document for FLORIDA AFFILIATED DENTAL SUPPORT, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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.

Stacey M Warren
Regulatory Specialist II

Letter Number: 018A00001023

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Florida Affiliated Dental Support 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:

Alessandro A. Giannini

Name of Person

Florida Affiliated Dental Support LLC

Firm/Company

5020 Clark Road, Unit 426

Address

Sarasota, FL 34233

City/State and Zip Code

agiannini@pi-ddsmanagement.com

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

For further information concerning this matter, please call:

Alexandra Rupp

941

465-1640

at ()

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. Florida Affiliated Dental Support 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. State of Delaware 3. 82-3742216
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

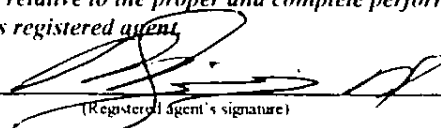
4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 15110 Sundial Place 6. 5020 Clark Road, Unit 426
(Street Address of Principal Office) (Mailing Address)
Lakewood Ranch, FL 34202 Sarasota, FL 34233

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Alessandro A. Giannini
Office Address: 15110 Sundial Place
Lakewood Ranch Florida 34202
(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)

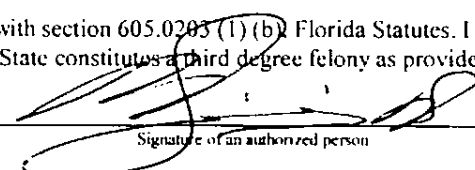
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>member</u>	<u>Alessandro A. Giannini</u> <u>15110 Sundial Place</u> <u>Lakewood Ranch, FL 34202</u>	_____	_____
<u>member</u>	<u>David Waltzer</u> <u>6198 NW 23rd Street</u> <u>Boca Raton, FL 33434</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.


Signature of an authorized person
Alessandro A. Giannini
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 "FLORIDA AFFILIATED DENTAL SUPPORT,
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-THIRD DAY OF FEBRUARY, A.D.
2018.



6660776 8300

SR# 20181134971

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.

Jeffrey W. Bullock, Secretary of State

Authentication: 202201244

Date: 02-23-18