

M19000002147

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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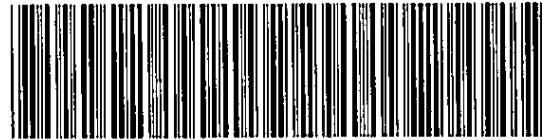
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
HALL ASBESTOS

M. MILLIGAN

MAR 04 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Advanced Derma Technologies, 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:

Catherine E. Blasko

Name of Person

Advanced Derma Technologies, LLC

Firm/Company

6240 Lake Osprey Drive

Address

Sarasota, Florida 34240

City/State and Zip Code

cblasko@dentalcarealliance.com

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

For further information concerning this matter, please call:

Catherine E. Blasko

941

552-2401

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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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. Advanced Derma Technologies, LLC

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

Advanced Derma, 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. 35-2588820

(FEI number, if applicable)

4. None

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

5. 6240 Lake Osprey Drive

(Street Address of Principal Office)

6. Same

(Mailing Address)

Sarasota, FL 34240

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

Name:

Catherine Blasko

Office Address:

6240 Lake Osprey Drive

Sarasota

(City)

Florida

34240

(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)

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STATE OF FLORIDA
DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
☒ Manager	Name:	Pinnacle 360, LLC		☐ Manager	Name:	Robert Stuart Shoemaker	
	Address:	ATTN: STEVE MATZKIN 6240 LAKE OSPREY DR.		☒ Member	Address:	885 S. Tranquil Lane.	
☐ Authorized		Sarasota, FL 34240		☐ Authorized		EAGLE, ID 83616	
Person				Person			
☐ Other		☐ Other		☐ Other		☐ Other	
☐ Manager	Name:	Richard Marc Goldfarb		☐ Manager	Name:		
☒ Member	Address:	9 Bayshore Drive		☐ Member	Address:		
☐ Authorized		Newtown, PA 18940		☐ Authorized			
Person				Person			
☐ Other		☐ Other		☐ Other		☐ Other	
☐ Manager	Name:	Steven Michael Kushner		☐ Manager	Name:		
☒ Member	Address:	1175 Clays Trail		☐ Member	Address:		
☐ Authorized		Oldsmar, Florida 34617		☐ Authorized			
Person				Person			
☐ Other		☐ Other		☐ Other		☐ Other	

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CLERK OF DISTRICT COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.

Catherine E. Biasko
Signature of an authorized person

P Catherine E. BIASKO
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 "ADVANCED DERMA TECHNOLOGIES, 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 FOURTEENTH DAY OF FEBRUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ADVANCED DERMA TECHNOLOGIES, LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF MARCH, A.D. 2017.



6356462 8300

SR# 20191005962

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.

Authentication: 202263422

Date: 02-14-19