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PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

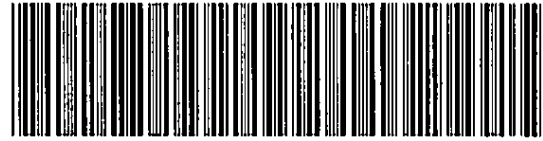
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 16, 2019

COAST DENTAL MANAGEMENT CAPE CORAL, LLC
ATTN: GENERAL COUNSEL - MANAGING PARTNE
5706 BENJAMIN CENTER DR. STE. 103
TAMPA, FL 33634

SUBJECT: COAST DENTAL MANAGEMENT CAPE CORAL, LLC
Ref. Number: W18000110649

We have received your document for COAST DENTAL MANAGEMENT CAPE CORAL, LLC and your check(s) totaling \$130.00. 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.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Brenda L Vorisek
Director

Letter Number: 819A00001286



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 2, 2019

COAST DENTAL MANAGEMENT CAPE CORAL, LLC
ATTN: GENERAL COUNSEL - MANAGING PARTNE
5706 BENJAMIN CENTER DR. STE. 103
TAMPA, FL 33634

SUBJECT: COAST DENTAL MANAGEMENT CAPE CORAL, LLC
Ref. Number: W18000110649

We have received your document for COAST DENTAL MANAGEMENT CAPE CORAL, 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. ✓

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative. ✓

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 (805) 245-6000.

Brenda L Vorisek
Director

Letter Number: 418A00026522

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Coast Dental Management Cape Coral, 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:

General Counsel - Managing Partner
Name of Person

Coast Dental Management Cape Coral, LLC
Firm/Company

5706 Benjamin Center Drive, Ste 103
Address

Tampa, FL 33634
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:

Anthony Lacey at (813) 288-1999
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 Cape Coral, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Coast Dental Cape Coral, 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)

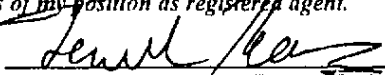
5. 5706 Benjamin Center Drive, #103
(Street Address of Principal Office)
Tampa, FL 33634

6. 5706 Benjamin Center Drive, #103
(Mailing Address)
Tampa, FL 33634

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) **Ternell Kearney Asst. Secretary**

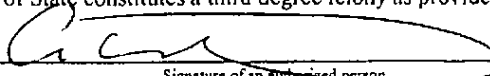
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Secretary</u>	<u>Tim Diasti</u> <u>5706 Benjamin Center Dr, 103</u> <u>Tampa, FL 33634</u>	<u>President</u>	<u>Adam Diasti</u> <u>5706 Benjamin Center Dr, 103</u> <u>Tampa, FL 33634</u>
<u>CEO</u>	<u>Derek Diasti</u> <u>5706 Benjamin Center Dr, 103</u> <u>Tampa, FL 33634</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
Adam Diasti, DDS

Typed or printed name of signer

SECRETARY OF STATE
 FLORIDA
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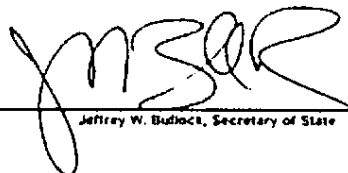
Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COAST DENTAL MANAGEMENT CAPE CORAL, 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-FIRST DAY OF NOVEMBER, A.D. 2018.




Jeffrey W. Bullock, Secretary of State

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SR# 20187756830

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

Authentication: 203951677

Date: 11-21-18

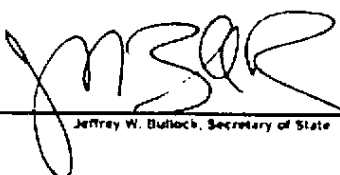
Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "COAST DENTAL MANAGEMENT CAPE CORAL, LLC", FILED IN THIS OFFICE ON THE TWENTY-FIRST DAY OF NOVEMBER, A.D. 2018, AT 10:03 O'CLOCK A.M.




Jeffrey W. Bullock, Secretary of State

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SR# 20187756830

Authentication: 203951676
Date: 11-21-18

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

STATE OF DELAWARE
CERTIFICATE OF FORMATION
OF LIMITED LIABILITY COMPANY

The undersigned authorized person, desiring to form a limited liability company pursuant to the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited liability company is Coast Dental Management Cape Coral, LLC.
2. The Registered Office of the limited liability company in the State of Delaware is located at 160 Greentree Drive, Suite 101 (street), in the City of Dover, Zip Code 19904. The name of the Registered Agent at such address upon whom process against this limited liability company may be served is National Registered Agents, Inc.

By: 
Authorized Person

Name: Adam Diasti, D.D.S.
Print or Type