

M19000004066

(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:

M19000034715

Office Use Only



300326872503

04/01/19--01032--027 **180.00

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2019 APR 22 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/23/19 Y/S



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 4, 2019

AUREL ROMANOVIC
260 W. SUNRISE HWY.
SUITE:201
VALLEY STREAM, NY 11581

SUBJECT: TOTAL DENTAL IMPLANT SOLUTIONS LLC
Ref. Number: W19000034715

We have received your document for TOTAL DENTAL IMPLANT SOLUTIONS LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

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) 245-6052.

Yvette Scott
Document Specialist II

Letter Number: 319A00006769



GENICORE

576 Fifth Avenue, Suite 903, New York, NY 10036

T 877-291-5677 F 646-849-1651 E info@genicore.com

To whom it may concern,

Thank you for providing us the information about what document we need to send. Attached is the new "Certificate of Existence".

Please feel free to contact me if you need anything else.

Thank you in advance,

Sincerely,

Aurel Romanovic
CEO
Genicore

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TALLAHASSEE, FLORIDA



State of Delaware

SECRETARY OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 898
DOVER, DELAWARE 19903

9250723

04-16-2019

TOTAL DENTAL IMPLANT SOLUTIONS LLC
260 W SUNRISE HIGHWAY
SUITE 201
VALLEY STREAM, NY 11581

DESCRIPTION	AMOUNT
5937172 - TOTAL DENTAL IMPLANT SOLUTIONS LLC Entity Status - Short Form	
Certification Fee	\$50.00
Expedite Fee, 24 Hour	\$40.00
TOTAL CHARGES	\$90.00
TOTAL PAYMENTS	\$90.00
BALANCE	\$0.00

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Total Dental Implant Solutions 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:

Aurel Romanovic

Name of Person

Total Dental Implant Solutions LLC, DBA name: Genicore

Firm/Company

260 W Sunrise Hwy, Suite 201

Address

Valley Stream, NY 11581

City/State and Zip Code

ar@genicore.com

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

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Aurel Romanovic

347

653-5047

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:

Total Dental Implant Solutions LLC

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

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

Delaware

81-1128229

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

3.

(FEI number, if applicable)

(Date first transacted business in Florida, if prior to registration)

(See sections 605.0903 & 605.0905, F.S., to determine penalty liability)

260 W Sunrise Hwy, Suite 201,

260 W Sunrise Hwy, Suite 201,

(Registered Address of Principal Office)

6.

(Mailing Address)

Valley Stream, NY 11581

Valley Stream, NY 11581.

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

Melanie Spire

Name

2477 Stickney Point Rd, Suite 214A

Office Address:

Sarasota

34231

Florida

(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)

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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]:

Title or Capacity: **Name and Address:**

☐ Manager Name: Aurel Romanovic

☒ Member Address: 260 W Sunrise Hwy, Suite 201

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Ariel Goldschlag

☒ Member Address: 260 W Sunrise Hwy, Suite 201

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Dale Goldschlag

☒ Member Address: 260 W Sunrise Hwy, Suite 201

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

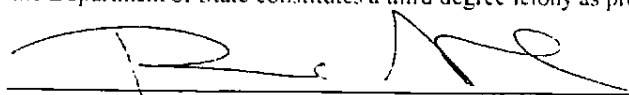
☐ Other _____ ☐ Other _____

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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.



Signature of an authorized person

AUREL ROMANOVIC

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TOTAL DENTAL IMPLANT SOLUTIONS 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 SIXTEENTH DAY OF APRIL, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TOTAL DENTAL IMPLANT SOLUTIONS LLC" WAS FORMED ON THE FIFTEENTH DAY OF JANUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.


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TALLAHASSEE, FLORIDA



5937172 8300

SR# 20192875052

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


Jeffrey W. Bullock, Secretary of State

Authentication: 202655025

Date: 04-16-19