

MI90000004530

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

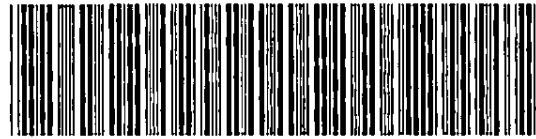
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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MAY 7 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 1, 2019

STEPHANIE BIES  
5706 BENJAMIN CENTER DR  
SUITE 103  
TAMPA, FL 33634

SUBJECT: COAST DENTAL MANAGEMENT TARPON SPRINGS, LLC  
Ref. Number: W19000042521

We have received your document for COAST DENTAL MANAGEMENT TARPON SPRINGS, LLC and your check(s) totaling \$910.00. 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.

The registered agent must sign accepting the designation.

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.

Dionne M Scott  
Regulatory Specialist II

Letter Number: 419A00008726

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Coast Dental Management Tarpon Springs, 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:

<u>General Counsel - Managing Partner</u>	
<u>Name of Person</u>	
<u>Coast Dental Management Tarpon Springs, LLC</u>	
<u>Firm/Company</u>	
<u>5706 Benjamin Center Drive, Ste 103</u>	
<u>Address</u>	
<u>Tampa, FL 33634</u>	
<u>City/State and Zip Code</u>	
<u>legalgroup@coastdental.com</u>	
<u>E-mail address: (to be used for future annual report notification)</u>	

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

<u>Anthony Lacey</u>	at (	<u>813</u>	)	<u>288-1999</u>
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:

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$160.00 Filing Fee, Certificate<br>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 Tarpon Springs, LLC  
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

Coast Dental Tarpon Springs, 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. \_\_\_\_\_  
(FEI number, if applicable)

4. 1/1/2019  
(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.*

Ternell Kearney Ternell Kearney, Assistant Sec.  
(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>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.

Adam Diasti  
Signature of an authorized person

Adam Diasti, DDS

Typed or printed name of signer

# Delaware

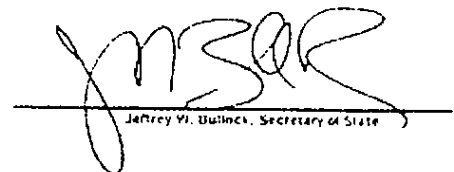
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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COAST DENTAL MANAGEMENT TARPON SPRINGS, 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-EIGHTH DAY OF FEBRUARY, A.D. 2019.

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JALLEN



  
Jeffrey W. Bullock, Secretary of State

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SR# 20191545620

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 202342862

Date: 02-28-19