## M190000531Z

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## 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 GLADIOLUS, LLC

Ref. Number: W19000042518

We have received your document for COAST DENTAL MANAGEMENT GLADIOLUS, 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.

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: 819A00008725

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Division of Compositions ID O. DOV 6297 Wellaharen Elevide 299

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SUBJEC	Coas	t Dental Mana	gement Gladio	olus, LLC						
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Please re	eturn all corr	espondence co	oncerning this i	matter to the	following:					
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	_		Coas	a Dental Ma	nagement Gladio	lus, LLC				
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For furth	ner informati	on concerning	this matter, pl	ease call:						
	Anthony L	acey			at ( <u>813</u>	)288	1999			
		Name of	Contact Perso	n	Area Cod	e Day	time Telephone	Number	r	
		\$27				Division Registrat Clifton E 2661 Exc	FADDRESS: of Corporations ion Section Building ecutive Center C see, FL 32301			
	f is a check t □ \$125.00	or the following Filing Fee	ng amount: S130.00 Fil Certificate of	- 1	□ \$155.00 Fil Certified Copy	_	□ \$160.00 Fi of Status & C			ite

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	BUSINESS IN THE STATE OF PLORIDA:		
1. Coast Dental Manage	ement Gladiolus, LLC in Limited Liability Company; must include "L	imited Liability Company," "L.L.C.," or "LLC	C.")
Coast Dental Gladiolus	LLC		
	name adopted for the purpose of transacting business	in Florida. The alternate name must include "Lamited	Liability Company," "L.L.C," or "LLC.")
2. Delaware	which foreign limited liability company is organized)	3	number, if applicable)
	The state of the s		
4. 1/1/2019	(Date first transacted business in Florida, if p (See sections 605,0904 & 605,0905, F.S. to 6	(10) to registration.)	<del></del>
-muz p : : 0	· ·	Jeternune penalty hability) 6 5706 Benjamin Center	Drive #103
5. 5706 Benjamin Cer	nter Drive, #103	6(Mailing	
Tampa. FL 33634		Tampa, FL 33634	
7. Name and street addr	ress of Florida registered agent: (P.O.	Box NOT acceptable)	
Name:	NRAI Services, Inc.		
	1200 South Pine Island Road		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
Office Address			
	Plantation (City)	, Florida 33324	) code) (2)
to comply with the provi	cation, I hereby accept the appointm isions of all statutes relative to the pr	ent as registered agent and agree to a coper and complete performance of t	ited liability company at the place act in this capacity. I further agree my duties, and I am familiar with
to comply with the provi	cation, I hereby accept the appointmuisions of all statutes relative to the proms of my position as registered agent	ent as registered agent and agree to cooper and complete performance of the Peter Trawinski  Assistant Secretary	act in this capacity. I juriner agreemy duties, and I am familiar with
to comply with the prov and accept the obligation	cation, I hereby accept the appointme isions of all statutes relative to the pr ons of my position as registered agent (Registered a	ent us registered agent and agree to coper and complete performance of the peter Trawinski Assistant Secretary agent's signature)	act in this capacity. I juriner agreemy duties, and I am familiar with
to comply with the prove and accept the obligation  8. The name, title or ca	isions, I hereby accept the appointment isions of all statutes relative to the property of my position as registered again (Regulered a grant pacity and address of the person(s) w	peter Trawinski Assistant Secretary ho has/have authority to manage is/ar	act in this capacity. I juriner agree my duties, and I am familiar with
to comply with the prov and accept the obligation	cation, I hereby accept the appointmaisions of all statutes relative to the proms of my position as registered agent (Registered a pacity and address of the person(s) with Name and Address:	peter Trawinski Assistant Secretary signature) ho has/have authority to manage is/ar Title or Capacity:	ect in this capacity. I juriner agreemy duties, and I am familiar with  ec:  Name and Address:
to comply with the prove and accept the obligation  8. The name, title or ca	cation, I hereby accept the appointment is is not all statutes relative to the property of my position as registered again (Registered a appacity and address of the person(s) where and Address:  Tim Diasti	peter Trawinski Assistant Secretary ho has/have authority to manage is/ar Title or Capacity:  President	ec:  Name and Address:  Adam Diasti
to comply with the prove and accept the obligation  8. The name, title or ca <u>Title or Capacity:</u>	cation, I hereby accept the appointmaisions of all statutes relative to the proms of my position as registered agent (Registered a pacity and address of the person(s) with Name and Address:	peter Trawinski Assistant Secretary ho has/have authority to manage is/ar Title or Capacity:  President	ect in this capacity. I juriner agreemy duties, and I am familiar with  ec:  Name and Address:
to comply with the prove and accept the obligation.  8. The name, title or can <u>Title or Capacity:</u> Secretary	cation, I hereby accept the appointment isions of all statutes relative to the propose of my position as registered again (Registered against and address of the person(s) where and Address:  Tim Diasti  5706 Benjamin Center D  Tampa, FL 33634	peter Trawinski Assistant Secretary ho has/have authority to manage is/ar Title or Capacity:  President	re:  Name and Address:  Adam Diasti  5706 Benjamin Center Dr. 103
to comply with the prove and accept the obligation  8. The name, title or ca <u>Title or Capacity:</u>	cation, I hereby accept the appointment isions of all statutes relative to the propose of my position as registered again (Registered against and address of the person(s) where and Address:  Tim Diasti  5706 Benjamin Center D Tampa, FL 33634  Derek Diasti	Peter Trawinski Assistant Secretary ho has/have authority to manage is/ar Title or Capacity: President  1. President  1. President  1. President  1. President  1. 103	re:  Name and Address:  Adam Diasti  5706 Benjamin Center Dr. 103
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## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "COAST DENTAL MANAGEMENT GLADIOLUS,

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 FIFTEENTH DAY OF MARCH, A.D. 2019.

Authentication: 202453962

Date: 03-15-19

7327856 8300

SR# 20192003786

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