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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

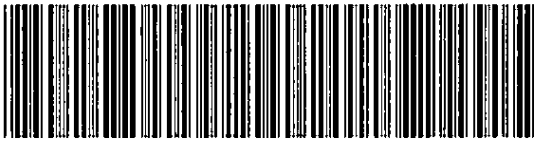
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

w20000112441

Office Use Only



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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2020 OCT 15 PM 2:06

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 30, 2020

JESSICA L. SAVIDGE, ESQ.
6240 LAKE OSPREY DRIVE
SARASOTA, FL 34240

SUBJECT: TDN MANAGEMENT SERVICES, LLC
Ref. Number: W20000112441

We have received your document for TDN MANAGEMENT SERVICES, 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) 245-6051.

Yvette Scott
Document Specialist II

Letter Number: 520A00018891

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TDN Management Services, 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:

Jessica L. Savidge, Esq.

Name of Person

Dental Care Alliance, L.L.C.

Firm/Company

6240 Lake Osprey Drive

Address

Sarasota, FL 34240

City/State and Zip Code

jsavidge@dentalcarealliance.com

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

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Jessica L. Savidge, Esq. 941 955-3150

Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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. TDN Management Services, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "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. 85-2068071
(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. 6240 Lake Osprey Drive
(Street Address of Principal Office)

6. _____
(Mailing Address)

Sarasota, FL 34240

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(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.

By: Corporation Service Company David Martin
(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: Dental Care Alliance, L.L.C.
 Member Address: 6240 Lake Osprey Drive
 Sarasota, FL 34240
 Authorized Person
 Other Other

Title or Capacity: Name and Address:
 Manager Name: Russell Allen
 Member Address: 6240 Lake Osprey Drive
 Sarasota, FL 34240
 Authorized Person
 Other CFO Other

Manager Name: _____
 Member Address: _____
 Authorized Person
 Other Other

Manager Name: _____
 Member Address: _____
 Authorized Person
 Other Other

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 2006 OCT 15 PM 2:06
 TALLAHASSEE, FLORIDA
 STATE
 SECRETARY

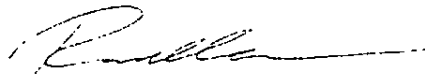
Manager Name: _____
 Member Address: _____
 Authorized Person
 Other Other

Manager Name: _____
 Member Address: _____
 Authorized Person
 Other Other

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

Russell Allen

 Typed or printed name of signee

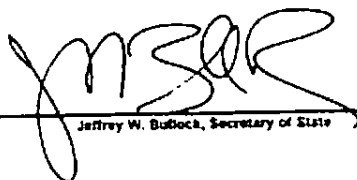
Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TDN MANAGEMENT SERVICES, 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 SECOND DAY OF OCTOBER, A.D. 2020.

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2020 OCT 15 PM 2:06
TALLAHASSEE, FLORIDA




Jeffrey W. Bullock, Secretary of State

3264268 8300

SR# 20207599825

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

Authentication: 203780669

Date: 10-02-20