

W21000004277

(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:

W2100001430000647

Office Use Only



000358807490

02/01/21--01039--015 **125.00

524
4/13/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Orlando Affiliated Dental Partners, 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:

Alessandro Giannini, DDS

Name of Person

Orlando Affiliated Dental Support, LLC

Firm/Company

8429 Lorraine Road, #426

Address

Lakewood Ranch, Florida, 34202

City/State and Zip Code

alex.giannini@adentalpartners.com

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

For further information concerning this matter, please call:

Alessandro Giannini, DDS

941

350-4637

at ()

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. ~~Orlando Affiliated Dental Support, LLC~~ ORLANDO AFFILIATED DENTAL PARTNERS, 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 3. 85-4384105
(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. 8429 Lorraine Rd, Unit 426 6. 8429 Lorraine Rd, Unit 426
(Street Address of Principal Office) (Mailing Address)
Lakewood Ranch, FL 34202 Lakewood Ranch, FL 34202

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

Name: Alessandro Giannini, DDS
Office Address: 8429 Lorraine Rd, Unit 426
Lakewood Ranch 34202
_____, 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)

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: Alessandro Giannini

☐ Member

Address: 8429 Lorraine Rd, Unit 426

☐ Authorized

Lakewood Ranch, FL 34202

☐ Person

☐ Other

☐ Other

☐ Manager

Name: John McClure

☒ Member

Address: 8429 Lorraine Rd, Unit 426

☐ Authorized

Lakewood Ranch, FL 34202

☐ Person

☐ Other

☐ Other

☐ Manager

Name: Mark Sivers

☒ Member

Address: 8429 Lorraine Rd, Unit 426

☐ Authorized

Lakewood Ranch, FL 34202

☐ Person

☐ Other

☐ Other

Title or Capacity:

Name and Address:

☐ Manager

Name: Alex Planes

☒ Member

Address: 8429 Lorraine Rd, Unit 426

☐ Authorized

Lakewood Ranch, FL 34202

☐ Person

☐ Other

☐ Other

☐ Manager

Name: Chris McClure

☒ Member

Address: 8429 Lorraine Rd, Unit 426

☐ Authorized

Lakewood Ranch, FL 34202

☐ Person

☐ Other

☐ Other

☐ Manager

Name: _____

☐ Member

Address: _____

☐ Authorized

☐ Person

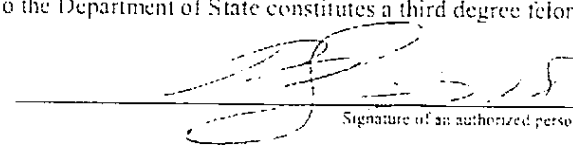
☐ Other

☐ 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

Alessandro Giannini, DDS

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ORLANDO AFFILIATED DENTAL PARTNERS, 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 THIRTEENTH DAY OF MARCH, A.D. 2021.




Jeffrey W. Bullock, Secretary of State

4469280 8300

SR# 20210617581

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

Authentication: 202725059

Date: 03-13-21



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 6, 2021

ALESSANDRO GIANNINI
8429 LORRAINE ROAD #426
LAKEWOOD RANCH, FL 34202 US

SUBJECT: ORLANDO AFFILIATED DENTAL SUPPORT, LLC
Ref. Number: W21000014300

Partners

We have received your document for ORLANDO AFFILIATED DENTAL ~~SUPPORT~~, LLC and your check(s) totaling \$125.00. 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.

Sharon D Franklin
Regulatory Specialist II

Letter Number: 421A00002737

RECEIVED
MAR 29 2021