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FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 3, 2021

DAVID L COOPER PHD. M.D.
51 CHINABERRY CIRCLE
HOMMOSASSA, FL 34446

SUBJECT: PHYTO DENTAL SOLUTIONS, LLC
Ref. Number: W21000143799

We have received your document for PHYTO DENTAL SOLUTIONS, LLC and check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned to you for the following reason(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.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Suzanne Hawkes
Regulatory II

Letter Number: 121A00026858

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PhytoDental 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:

DAVID L. COOPER PH.D., M.D.
Name of Person

PhytoDental Solutions, LLC
Firm/Company

51 Chingberry Creek
Address

HOMOSASSA, FL 34446
City/State and Zip Code

DAVID@PHYTODENTALSOLUTIONS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID L COOPER at (609) 630-4622
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. Phyto Dental Solutions, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

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

2. State of Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FBI number, if applicable)

4. N/A
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 57 Chinaberry Creek
(Street Address of Principal Office)
Honolulu, Florida
34446

6. Sq ue
(Mailing Address)

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

Name: Bruce Brashear, Esq.

Office Address: 925 NW 56th Terrace, Suite C

Gainesville, Florida 32605
(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.

Bruce Brashear
(Registered agent's signature)

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TALLAHASSEE, FL

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: DAVID L. COOPER
☐ Member Address: _____
☐ Authorized 51 Chinaberry Circle
Person HOMOSASSA, FL 34446
☐ Other _____ ☐ Other _____

☐ Manager Name: Victoria M. Preston
☒ Member Address: _____
☐ Authorized 9515 Deerfoot Trace
Person Apt 105, Prospect, NY
40059
☐ Other _____ ☐ Other _____

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

Title or Capacity: Name and Address:
☒ Manager Name: Roderick Stephan
☐ Member Address: _____
☐ Authorized 13 Shoreacres Drive
Person Hawthorne Woods, IL
60047
☐ Other _____ ☐ Other _____

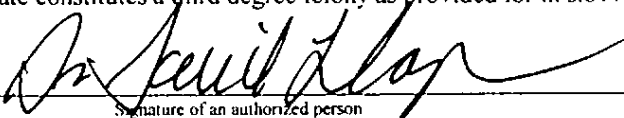
☐ Manager Name: Carl W Maygar
☒ Member Address: 11729 W. Corona Ct
☐ Authorized Crystal River, FL
Person 34429
☐ Other _____ ☐ Other _____

☐ 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

DAVID L. COOPER

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 "PHYTODENTAL 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 NINETEENTH DAY OF NOVEMBER, A.D. 2021.



7623867 8300

SR# 20213757738

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 204740524

Date: 11-19-21