

12/20/22, 2:30 PM

Division of Corporations

# M22000018949

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (954)208-0845  
Fax Number : (614)573-3996

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: crshawnsadri@gmail

## Foreign Limited Liability Company SHAWN SADRI, DMD, PLLC LLC

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$125.00

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S. ROBERTS

DEC 21 2022

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

*IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. Shawn Sadri, DMD, PLLC, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLP")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Alternate Liability Company," "ALC," or "ALP.")

2. New York

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 47-3832992

(EIN number, if applicable)

4. \_\_\_\_\_

(Date first transacted business in Florida, if prior to registration;  
(See sections 605.004 & 605.005, F.S., to determine penalty liability.)

5. 515 Madison Ave, Suite 1710, NY, NY 10022

(Street Address of Principal Office)

6. 515 Madison Ave, Suite 1710, NY, NY 10022

(Mailing Address)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida

33324

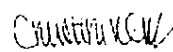
(Zip code)

**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: C T Corporation System

(Registered agent's signature)



Christine Kelm  
Assistant Secretary

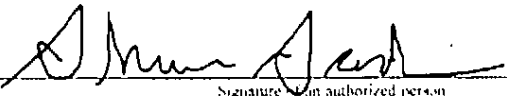
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Shawn Sadri</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>515 Madison Ave, Suite 1710</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>New York, NY 10022</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: _____	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: _____	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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

Shawn Sadri

Typed or printed name of signer

## STATE OF NEW YORK

## DEPARTMENT OF STATE

## Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:	SHAWN SADRI, DMD, PLLC
DOS ID Number:	4734787
Entity Type:	DOMESTIC PROFESSIONAL SERVICE LIMITED LIABILITY COMP ANY
Entity Status:	EXISTING
Date of Initial Filing with DOS:	03/31/2015
Statement Status:	PAST DUE DATE
Statement Due Date:	03/31/2017

I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type:	ARTICLES OF ORGANIZATION
Date of Filing:	03/31/2015
Entity Name:	SHAWN SADRI, DMD, PLLC

Document Type:	CERTIFICATE OF PUBLICATION
Date of Filing:	07/02/2015

Above space is left blank intentionally.

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department  
of State, at the City of Albany, on December 15, 2022  
at 06:51 P.M.



ROBERT J. RODRIGUEZ, Secretary of State

*Brendan C. Hughes*

By Brendan C. Hughes  
Executive Deputy Secretary of State