M23000002385

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February 13, 2023

KIM LUCAS 901 MAIN STREET STE 7100 DALLAS, TX 75202

SUBJECT: MIAMI METRO DENTAL SERVICES PLLC

Ref. Number: W23000007927

We have received your document for MIAMI METRO DENTAL SERVICES PLLC and your check(s) totaling S. However, the enclosed document has not been filed and is being returned for the following correction(s):

The business name in line 1 of the application should be listed exactly how it is filed in the home state. Since the suffix is not acceptable please put the came of the company and include an acceptable suffix in line 2.

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.

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

RECEIVED

Letter Number: 823A00003467

FEB 2 2 1...

COVER LETTER

The enclosed "Application by Foreign Limited Liab	Name of Limited Liability Company	
The enclosed "Application by Foreign Limited Liab existence, and check are submitted to register the al		
	oility Company for Authorization to Transact Business in Florida," Certificate bove referenced foreign limited liability company to transact business in Flori	
lease return all correspondence concerning this ma	atter to the following:	
Kim Lucas		
	Name of Person	
Mint Dentistry, PLLC		
	Firm/Company	
901 Main Street, Ste. 7100		
	Address	
Dallas, TX 75202		
	City/State and Zip Code	
kimlucas@mintdentistry.com		
E-mail address:	(to be used for future annual report notification)	
For further information concerning this matter, pleas	se call:	
Kim Lucas	214 416-8400	
Name of Contact Person	at () Area Code Daytime Telephone Number	
Mailing Address:	Street Address:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327 The Centre of Tallahassee		
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclosed is a check for the following amou Please make check payable to: FLORIDA		

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

IN COMPLIANCE WITH SECTION 805,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Miami Metro Dental Sc (Name of Foreign	ervices, PLLC Limited Liability Company; must include "Limite	d Liability Co	mpans," "L.L.C.," or "LLC")		-
Miami Metro Dental S	,	,			
(It name unavailable, enter alternate i	name adopted for the purpose of transacting business in F	londa. The alter	rate name must include "Limited Liabil	tity Company," "I. L.C," or "	110°°i
Texas		88 3.	-157-4562		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		(FEI number, if applicable)		•
January 15, 2023					
4	(Date first transacted business in Florida, if prior to (See sections 505 0004 & 505,0005, F.S. to determ	registration) and penalty liabs	htyr	- +	
8101 Biscayne Blvd C	l	90° 6,	Main Street, Ste. 7100		
Street Address of Principal Office)		··	(Mailing Address)		-
Miami, FL 33138		Da —	Has, TX 75202		_
7. Name and street address	s of Florida registered agent: (P.O. Box	. <u>NOT</u> acec	eptable)	2023 FEB	-
Name:	Northwest Registered Agent		_	22 P#	0.77
Office Address:	7901 4th Ste. N. Ste. 300			7.0	
	St Petersburg		33702 , 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 Jun to six (6) totall:

itle or Capacity:	Name and Address:	Title or Capacity:	·	
]Manager	Name: Field Harrison	□Manager	Name: Rebecca Rodriguez	
Member	Address: 901 Main Street, Stc. 7100	■Member	Address: 901 Main Street, Ste. 7100	
Authorized	Dallas, TX 75202	□Authorized	Dallas, TX 75202	
Person		Person		
Other	Other	□Other	□Other	
] 	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
∃Authorized		□Authorized		
Person		Person		
Other	□()ther	□Other	Other	
∃Manager	Name:	□Manager	Name:	
∃Member	Address:	□Member	Address.	
Authorized		□Authorized		
Person		Person		
Other	Other	Other		
ndexed individuals 1. Attached is a cerurisdiction under the translator mu 1. This document	Use an attachment to report more than six (6). The may be added to the index when filing your Flottificate of existence, no more than 90 days old, to the law of which it is organized. (If the certificate list be submitted) is executed in accordance with section 605.0203 ment to the Department of State constitutes a thing of the properties of the submitted. Field Harr	orida Department of State duly authenticated by the r is in a foreign language of (1) (b), Florida Statutes and degree felony as provi	e Annual Report form. official having custody of records in the atranslation of the certificate under oach. I am aware that any false information	
	Signature o	f an authorized person	-	



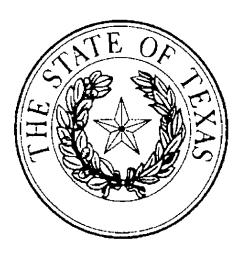
Office of the Secretary of State

Certificate of Fact

The undersigned, as Deputy Secretary of State of Texas, does hereby certify that the document. Certificate of Formation for Miami Metro Dental Services, PLLC (file number 804485727), a Domestic Limited Liability Company (LLC), was filed in this office on March 22, 2022.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on December 16. 2022.



Phone: (512) 463-5555

Prepared by: SOS-WEB

Jose A. Esparza Deputy Secretary of State

Dial: 7-1-1 for Relay Services Fax: (512) 463-5709 Document: 1206641800006 TID: 10264