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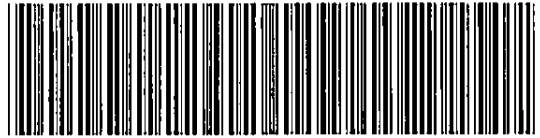
(Business Entity Name)

(Document Number)

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T. LEMIEUX
MAY 10 2023

1/23/23

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Dr Tedders Office PLLC

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:

Pierre J. Tedders, DDS

Name of Person

Dr Tedders Office LLC

Firm/Company

7404 Browns Lake Rd

Address

Jackson, MI 49201

City/State and Zip Code

susanne@drtedders.com

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

For further information concerning this matter, please call:

Susanne M. Graves

517
at ()

499-8645

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 20, 2023

PIERRE J TEDDERS, DDS
7404 BROWNS LAKE RD
JACKSON, MI 49201

SUBJECT: DR TEDDERS OFFICE PLLC
Ref. Number: W23000037814

We have received your document for DR TEDDERS OFFICE PLLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

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.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 423A00006419

**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. Dr Tedders Office, Professional Limited Liability Company
(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. Michigan 3. 27-0713023
(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. <u>Dr Tedders Office PLLC</u> (Street Address of Principal Office)	6. <u>Dr Tedders Office PLLC</u> (Mailing Address)
<u>125 Rainier Ln., Suite 9-10 / Bartram Pointe</u>	<u>10 Cedarwood Court</u>
<u>St. Johns, FL 32259</u>	<u>Palm Coast, FL 32137</u>

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

Name: Pierre J. Tedders DDS


Office Address: 10 Cedarwood Court

Palm Coast, Florida 32137
(City) (Zip code)

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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)

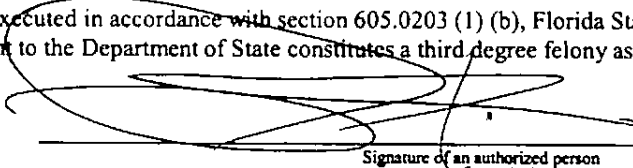
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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:	Pierre J Tedders DDS		<input checked="" type="checkbox"/> Manager	Name:	Mary J Hope	
<input checked="" type="checkbox"/> Member	Address:	10 Cedarwood Court		<input type="checkbox"/> Member	Address:	10 Cedarwood Court	
<input checked="" type="checkbox"/> Authorized		Palm Coast, FL 32137		<input checked="" type="checkbox"/> Authorized		Palm Coast, FL 32137	
	Person				Person		
<input checked="" type="checkbox"/> Other	Owner			<input type="checkbox"/> Other			
		<input type="checkbox"/> Other				<input type="checkbox"/> Other	
<input checked="" type="checkbox"/> Manager	Name:	Susanne M. Graves		<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:	96422 Nassau Lakes Circle		<input type="checkbox"/> Member	Address:		
<input checked="" type="checkbox"/> Authorized		Fernadina Beach, FL 32034		<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

Pierre J. Tedders, DDS

Typed or printed name of signee

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

FILING ENDORSEMENT

This is to Certify that the CERTIFICATE OF RESTORATION OF GOOD STANDING

for

DR TEDDERS OFFICE, PLLC

ID Number: 801897266

received by electronic transmission on February 09, 2023 ***, is hereby endorsed.***

Filed on February 09, 2023 ***, by the Administrator.***

The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.

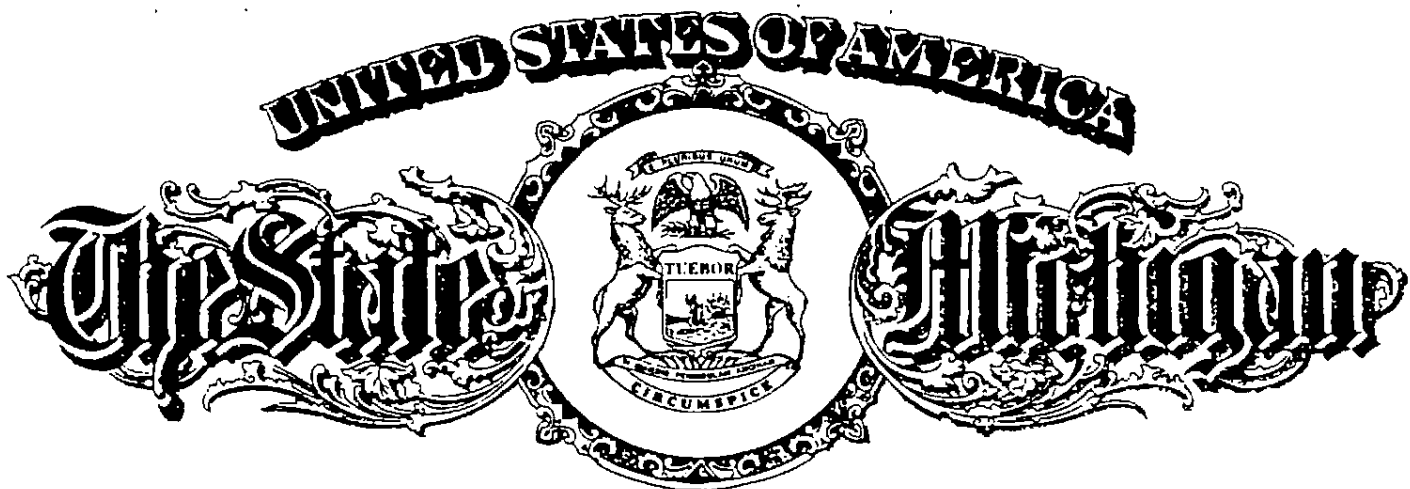


In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 9th day of February, 2023.

Linda Clegg

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau



This is to Certify that the annexed copy has been compared by me with the record on file in this Department and that the same is a true copy thereof.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

RECEIVED
MAY - 8 2023

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 13th day of April, 2023.

Linda Clegg

Linda Clegg, Director
Corporations, Securities & Commercial Licensing Bureau



Form Revision Date 07/201

CERTIFICATE OF RESTORATION OF GOOD STANDING

For use by DOMESTIC PROFESSIONAL LIMITED LIABILITY COMPANY

Pursuant to the provisions of Act 23, Public Acts of 1993, the undersigned limited liability company executes the following Certificate:

1. The identification number assigned by the Bureau is:	<input type="text" value="801897266"/>
2. The name of the professional limited liability company is:	<input type="text" value="DR TEDDERS OFFICE, PLLC"/>

4. The Street address of the registered office of the professional limited liability company and the name of the resident agent at the registered office (P.O. Boxes are not acceptable):

Agent Name: PIERRE J TEDDERS, DDS
2. Street Address: 3595 ANN ARBOR RD
Apt/Suite/Other:
City: JACKSON
State: MI Zip Code: 49202

Registered Office Mailing Address:

P.O. Box or Street Address: 7404 BROWNS LAKE RD
Apt/Suite/Other:
City: JACKSON
State: MI Zip Code: 49201

5. The professional limited liability company states that the certificate is accompanied by the annual reports, annual statements and applicable fees for all of the years for which annual reports and annual statements were not filed and fees were not paid and applicable penalty fees.

Effective Date: 02/09/2023

This document must be signed by a member, manager, or an authorized agent:

Signed this 9th Day of February, 2023 by:

Signature	Title	Title if "Other" was selected
Pierre J Tedders	Member	

By selecting ACCEPT, I hereby acknowledge that this electronic document is being signed in accordance with the Act. I further certify that to the best of my knowledge the information provided is true, accurate, and in compliance with the Act.

☐ Decline ☒ Accept