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(City/State/Zip/Phone #)

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SEP 21 2023

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Stoma Ventures, 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 H. Chervitz

\_\_\_\_\_  
Name of Person

Stoma Ventures, LLC

\_\_\_\_\_  
Firm/Company

458 Whitestone Farm Drive

\_\_\_\_\_  
Address

Chesterfield, MO 63017

\_\_\_\_\_  
City/State and Zip Code

dchervitz@dovedentalproducts.com

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

For further information concerning this matter, please call:

David H. Chervitz

314

398-0711

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. Stoma Ventures, 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.")

Missouri

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

3. (FEI number, if applicable)

June 12, 2023

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

2288 N. US Hwy 1

5. (Street Address of Principal Office)

2288 N. US Hwy 1

6. (Mailing Address)

Fort Pierce, FL 34946

Fort Pierce, FL 34946

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


Name: Robert Vanderselt

Office Address: 991 N Barfield Drive, Unit 212

Marco Island, Florida 34145  
(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)

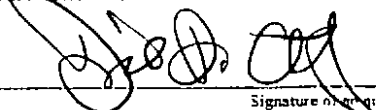
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: Robert Vanderselt	<input type="checkbox"/> Manager	Name: David H. Chervitz
<input checked="" type="checkbox"/> Member	Address: 991 N Barfield Dr, Unit 212	<input checked="" type="checkbox"/> Member	Address: 458 Whitestone Farm Drive
<input type="checkbox"/> Authorized	Marco Island, FL 34145	<input type="checkbox"/> Authorized	Chesterfield, MO 63017
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Charles Thomas	<input type="checkbox"/> Manager	Name: Brian Peters
<input checked="" type="checkbox"/> Member	Address: 890 Bowline Drive	<input checked="" type="checkbox"/> Member	Address: 7293 - 181 Street
<input type="checkbox"/> Authorized	Vero Beach, FL 32693	<input type="checkbox"/> Authorized	Surrey, BC Canada V4N 6B1
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 authorized person

David H. Chervitz  
\_\_\_\_\_  
Typed or printed name of signer

# STATE OF MISSOURI



**John R. Ashcroft**  
**Secretary of State**

**CORPORATION DIVISION**  
**CERTIFICATE OF GOOD STANDING**

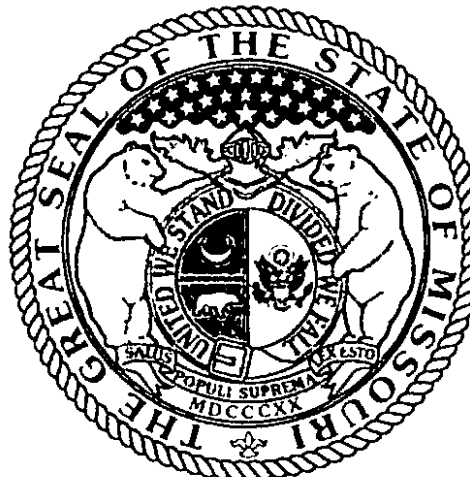
I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

*Stoma Ventures, LLC*  
*LC1269393*

was created under the laws of this State on the 15th day of November, 2012, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 25th day of August, 2023.

  
Secretary of State



Certification Number: CERT-08252023-0088