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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

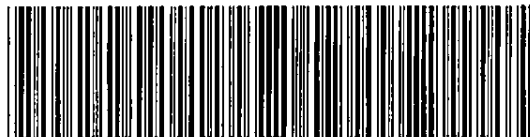
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Avaneer Dental Studio, 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:

Roumel Sheena

Name of Person

Roumel Sheena CPA PC

Firm/Company

29500 Telegraph Rd Ste 100

Address

Southfield MI 48034

City/State and Zip Code

martin@roumelshenacpa.com

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

For further information concerning this matter, please call:

Martin

248

304-8888 ext 11

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. Avaneer Dental Studio, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Avaneer Dental Studio 1, 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 80-0898911
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

3/15/2024
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 325 Tyler Ave 13617 E Eleven Mile Rd
(Street Address of Principal Office) (Mailing Address)

Lakeland FL 33801 Warren MI 48088

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

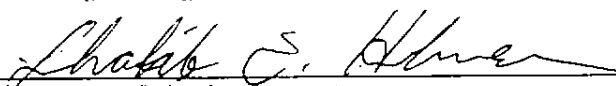
Name: Shakib Halabu

Office Address: 11 Island Ave Unit 411

Miami Beach 33139
(City) Florida (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)

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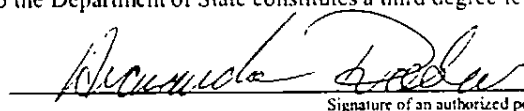
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>Armando Doku</u>	<input type="checkbox"/> Manager	Name: <u>Shakib Halabu</u>
<input checked="" type="checkbox"/> Member	Address: <u>35249 Grand Prix Dr</u>	<input checked="" type="checkbox"/> Member	Address: <u>11 Island Ave Unit 411</u>
<input type="checkbox"/> Authorized	<u>Sterling Heights MI 48312</u>	<input type="checkbox"/> Authorized	<u>Miami Beach FL 33139</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Sadeer Daood</u>	<input type="checkbox"/> Manager	Name: <u>Steven Kizy</u>
<input checked="" type="checkbox"/> Member	Address: <u>5687 Branford Dr</u>	<input checked="" type="checkbox"/> Member	Address: <u>609 Helene Ave</u>
<input type="checkbox"/> Authorized	<u>West Bloomfield MI 48322</u>	<input type="checkbox"/> Authorized	<u>Royal Oak MI 48067</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Rezan Doku</u>	<input type="checkbox"/> Manager	Name: <u>David Halabu</u>
<input checked="" type="checkbox"/> Member	Address: <u>35249 Grand Prix Dr</u>	<input checked="" type="checkbox"/> Member	Address: <u>1413 20th St Apt 409</u>
<input type="checkbox"/> Authorized	<u>Sterling Heights MI 48312</u>	<input type="checkbox"/> Authorized	<u>Miami Beach FL 33139</u>
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)

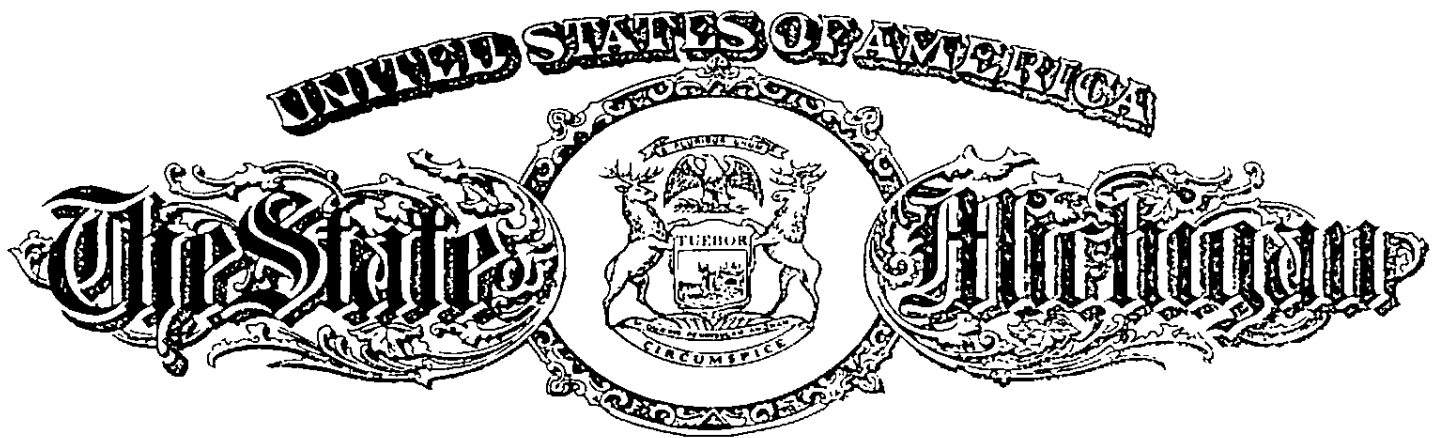
10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Signature of an authorized person

Armando Doku

Typed or printed name of signer



Lansing, Michigan

This is to Certify That

AVANEER DENTAL STUDIO, LLC

*was validly authorized on December 14, 2012, as a Michigan
DOMESTIC LIMITED LIABILITY COMPANY*

*and said limited liability company is validly in existence under the laws of this state and has satisfied its
annual filing obligations.*

*This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is
in good standing in Michigan as of this date.*

*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.*



Sent by electronic transmission

Certificate Number: 24030338803

*In testimony whereof, I have hereunto set my hand,
in the City of Lansing, this 15th day of March, 2024.*

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau