

M24000016096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

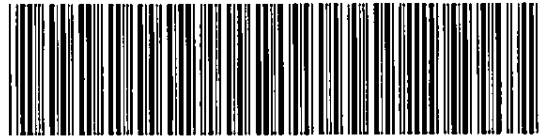
(Business Entity Name)

(Document Number)

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CLERK OF SUPERIOR COURT
JANUARY 1, 2025

2024 DEC 26 PM 12:54

APPROVED
AND
FILED

2024 DEC 27 PM 12:54

DEC 27 2024

K. Brumbley

CT CORP
(850) 656- 4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 12/26/2024

Acc#120160000072

mic DW

Name:	MidFlorida Endodontics Management Company, LLC
Document #:	
Order #:	16057973

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
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Amount: \$ **155.00**

Thank you!

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MidFlorida Endodontics Management Company, 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:

Sonia Ravin

Name of Person

McGuireWoods LLP

Firm/Company

77 West Wacker Drive, Suite 4100

Address

Chicago, IL 60601

City/State and Zip Code

iosinsky@srmequity.com

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

For further information concerning this matter, please call:

Sonia Ravin

312

849-8145

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. MidFlorida Endodontics Management Company, 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.")

2. Delaware 3. 87-4187813
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. December 4, 2024
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 3500 Lenox Rd NE, Ste 1050 6. 3500 Lenox Rd NE, Ste 1050
(Street Address of Principal Office) (Mailing Address)
Atlanta, GA 30326 Atlanta, GA 30326

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 33324
(City) (Zip code)
Florida

APPROVED
AND
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2024 DEC 26 PM 12:54
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF
DADE, FLORIDA

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.

Laura R Broderick Laura Broderick - Asst. Secretary
(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: MFE Buyer, LLC	<input type="checkbox"/> Manager	Name: Brad Lipkin
<input checked="" type="checkbox"/> Member	Address: 3500 Lenox Rd NE, Ste 1050	<input type="checkbox"/> Member	Address: 2855 W State Rd 434
<input type="checkbox"/> Authorized	Atlanta, GA 30326	<input type="checkbox"/> Authorized	Suite 1021
Person		Person	Longwood, FL 32779
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other Treasurer	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Jeremiah Yu	<input type="checkbox"/> Manager	Name: Aaron Isler
<input type="checkbox"/> Member	Address: 3500 Lenox Rd NE, Ste 1050	<input type="checkbox"/> Member	Address: 2855 W State Rd 434
<input type="checkbox"/> Authorized	Atlanta, GA 30326	<input type="checkbox"/> Authorized	Suite 1021
Person		Person	Longwood, FL 32779
<input checked="" type="checkbox"/> Other President	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other Secretary	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Ivan Osinsky	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address: 3500 Lenox Rd NE, Ste 1050	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized	Atlanta, GA 30326	<input type="checkbox"/> Authorized	
Person		Person	
<input checked="" type="checkbox"/> Other Vice President	<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.

Jeremiah Yu
BB09B53FD49141D

Signature of an authorized person

Jeremiah Yu

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MIDFLORIDA ENDODONTICS MANAGEMENT COMPANY, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF DECEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MIDFLORIDA ENDODONTICS MANAGEMENT COMPANY, LLC" WAS FORMED ON THE FOURTH DAY OF DECEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.




Jeffrey W. Bullock, Secretary of State

10025905 8300

SR# 20244417407

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 205059479

Date: 12-06-24