F10000004386

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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W10000043826

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 SEP 29 PM 12:46

MD 10/6

FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 17, 2010

VITO CLAVELLI
70 JACKSON DRIVE
CRANFORD, NJ 07016

SUBJECT: TRI-STATE DENTAL, INC.
Ref. Number: W10000043826

We have received your document for TRI-STATE DENTAL, INC. and your check(s) totaling $87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a $500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total $800.00.

If you have any further questions concerning your document, please call (850) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 610A00022216

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: **Tri-Stats Dental, Inc.**
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Vito Clavelli
Name of Person

Tri-Stats Dental, Inc.
Firm/Company

70 Jackson Drive
Address

Cranford, NJ 07016
City/State and Zip code

VitoC@TriStateDental.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bob Pisaeno at (**908**) **653-1180 x114**
Name of Person — Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ $70.00 Filing Fee
- ☐ $78.75 Filing Fee & Certificate of Status
- ☐ $78.75 Filing Fee & Certified Copy
- ☒ $87.50 Filing Fee, Certificate of Status & Certified Copy

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DIVISION OF CORPORATIONS

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. **Tri-State Dental, Inc.**
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **NJ**
(State or country under the law of which it is incorporated)

3. **223-332-059**
(FEI number, if applicable)

4. **9/23/1994**
(Date of incorporation)

5. **Perpetual**
(Duration: Year corp. will cease to exist or "perpetual")

6. **12/2008**
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **4544 N. Hiatus Road Sunrise, FL 33351**
(Principal office address)

4544 N. Hiatus Road Sunrise, FL 33351
(Current mailing address)

8. **The sale & service of dental supplies & equipment**
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: **Christina Manfredonia**

Office Address: **4544 N. Hiatus Road**

Sunrise (City), Florida **33351** (Zip code)

10. **Registered agent's acceptance:**
Having been named as registered agent and to accept service of process for the above stated corporation 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)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Vito Clavelli (C. E. O.)

Address: 70 Jackson Drive
Cranford, NJ 07016

Vice Chairman: _____

Address: _____

_____

Director: _____

Address: _____

_____

Director: _____

Address: _____

_____

B. OFFICERS

President: Frank Clavelli

Address: 70 Jackson Drive
Cranford, NJ 07016

Vice President: _____

Address: _____

_____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____
(Signature of Director or Officer listed in number 12 of the application)

14. Vito Clavelli (C. E. O.)
(Typed or printed name and capacity of person signing application)

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
LONG FORM STANDING WITH OFFICERS AND DIRECTORS

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DIVISION OF CORPORATIONS
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TRI-STATE DENTAL, INC.

0100601165

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on September 23, 1994.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

Frank Clavelli
70 Jackson Dr
Cranford, NJ 07016

I further certify that the incorporator is:

R W Worthington
105 N Watts St
Philadelphia, PA 19107

I further certify that as of the date of this certificate, the following were listed as officers/directors of this business on the last Annual Report filed in this office on: September 21, 2009.

President	*Frank Clavelli* *2078 Pennington Road* *Ewing, NJ 08618*
Vice President	*Vito Clavelli* *938 Kennedy Blvd* *Bayonne, NJ 07002*

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
LONG FORM STANDING WITH OFFICERS AND DIRECTORS

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TRI-STATE DENTAL, INC.

0100601165

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 8th day of September, 2010

Andrew P Sidamon-Eristoff
Acting State Treasurer

Certification# 118154824

Verify this certificate at
https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp