## Division of Corporations Division of Corporations

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000044242 3)))



H110000442423ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

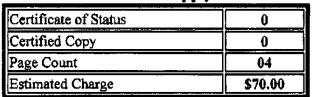
Phone Fax Number

: (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	1			

## FOREIGN PROFIT/NONPROFIT CORPORATION Safco Dental Supply Co.



FILED
2011 FEB 18 PN 4: 41

\* Busch FEB 2 1 7011

¢,

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

<i>LEGISTER A FO</i>			TUTES, THE FOLLOWING IS SUBMITTED TO SINESS IN THE STATE OF FLORIDA.	
_	_		_	
(Enter name of c	orporation; must include "IN orp," "Inc," "Co," or "Corp.")	CORPORATED,"	Co. COMPANY," "CORPORATION,"	
	abla I Was to an all the same			
-		-	opted for the purpose of transacting business in Flor	iaa) (音音
 (State or country	under the law of which it is in	3,	36 - 2586/68 (FEI number, if applicable)	·
(See of County	( = 10/s/-	accipated by	Person Line	
(Dat	of incorporation)	S	Perpetual  Duration: Year corp. will cease to exist or "perpetus	nim)
1220	, 31 (11.05) <b>pola</b> monly	ν.	and a south with some to arrest in the burner	<b>"</b> ,
·	(Date first tran	sacted business in Fl 27,1501 & 607,1502	orida, if prior to registration) , F.S., to determine penalty liability)	<del></del>
v:11 /	°	cour D	R. Alala Garage	1.4009
	אר <u>פרמ דע ש</u>	ncipal office address	DATTATO GENTE, EC	<u> </u>
1111 1	Caracila		PAAI A	14500
	Cu (Cu	rrent mailing address	Buffalo Grove, IL	<u>600</u> 89
To lea and as	l generally in ticles of tra	de .  home state or count	ry to be carried out in state of Florida)	600 89 -erchandi
To lea and as	l severally in ticles of tra ) of corporation authorized in	de .  home state or count	ry to be carried out in state of Florida)	<u>600</u> 89 -erchandi 
To lead and and arrest Name and street	Leverally in ticles of tra ) of corporation authorized in address of Florida register	all class de_ home state or count ared agent: (P.O. B	ry to be carried out in state of Florida)	<u>600</u> 89 erchandi
To lead and and arrest Name:	Severally in Fieles of Fra ) of corporation authorized in address of Florida registe  CT Corporation System	all classes de home state or count ered agent: (P.O. B	es of goods, wares, and a ry to be carried out in state of Florida)  ox NOT acceptable)	600 89 -erchandi
To lead and and arrest Name:	Severally M.  Fieles of Fra  of corporation authorized in  address of Florida registe  CT Corporation System  1200 South Pine Island Ros	a ( ) c (4 5 6 de _ ) home state or count ered agent: (P.O. B	ry to be carried out in state of Florida)	600 87 -erchandi 
Purposed  (Purposed  (Purposed)  Name and street  Nume:  Office Address:	Severally m +: eles of +ra ) of corporation authorized in t address of Florida registe CT Corporation System 1200 South Pine Island Ros Plantation (City) tent's acceptance: ed as registered agent and application, I hereby acceptance;	a (   c   4 5 6 de	ry to be carried out in state of Florida)  fox NOT acceptable)  , Florida 33324  (Zip code)  of process for the ubuve stated corporation at the corporation of the complete performance of the proper and complete performance of the complete performance of	nerchandi
Name and street Nume:  Registered as a contract of the contrac	Severally in it eles of tra   cles of tra   of corporation authorized in taddress of Florida register   CT Corporation System     1200 South Pine Island Rose   Plantation   (City)   tent's acceptance;   ed as registered agent and application, I hereby acceptance to the provisions of the corporation of the corporation of the corporations of the corporation of the corporations of the corporation of the corporations of the corporation of the corpo	a (   C   4 5 6  de	ry to be carried out in state of Florida)  fox NOT acceptable)  , Florida 33324  (Zip code)  of process for the ubuve stated corporation at the corporation of the complete performance of the proper and complete performance of the complete performance of	nerchandi
Name and street Nume:  Registered as a company of the company of t	CEVER OF TRA  Jestes of TRA  Jestes of TRA  Jestes of Tra  Of corporation authorized in  A address of Florida registe  CT Corporation System  1200 South Pine Island Ros  Plantation  (City)  Jent's acceptance:  The address of Florida register  (City)  Jent's acceptance:  The acceptance of the acceptance of the colligation of the colline of the colligation of the colline of	a (   C   4 5 6  de	ry to be carried out in state of Florida)  (ax NOT acceptable) , Florida 33324  (Zip code)  If process for the ubuve stated corporation at the as registered agent and agree to act in this coive to the proper and complete performance on as registered agent.	nerchandi

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.

FLOIS - DI/24/2010 C T System Collec

12. Names and business addresses of officers and/or directors:	
A. DIRECTORS	
Chairman:	
Address:	**************************************
Vice Chairman:	
Address:	
<u> </u>	, 22*
Director:	
Address:	
Director:	
Address:	
·	
Address: Kenneth B. Saffir / Address: 1143 Sheridan Rd Highland Park III (00035	
Highland Park, IL 60035  Vice President: Neil Ingram  Address: 1277 Deerfield PKWY At 303	
1277 Deechell PKWY A+ 303	,
R Mal Gian Til (22 CC)	
Buffalo Grove, IL 60089  Georgeory: Andrea Saffir	
Address: 1143 Sheridan P.P. Highland Park	IL 60035
reasurer: Kenneth Saffir V	
reasurer: 143 Sheridan Rd Highland Park,	7. (4855
Address: 114> Sheridan La 179hians 10012,	T-C 60033
NOTE: If necessary, you may attach an addendum to the application listing additional office	ers and/or directors.
3. (Signature of Director or Officer listed in number 12 of the application	m)
4. Neil Ingram Vice President	
(Typed or printed name and capacity of person signing application)	

FLO14 - GRZA/ZQIQ & Y System Collec



## To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

SAFCO DENTAL SUPPLY CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 06, 1966, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 1104802502

Authenticate at: http://www.cyberdriveitlinois.com

In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 17TH

day of

**FEBRUARY** 

A.D.

2011

Desse White

SECRETARY OF STATE