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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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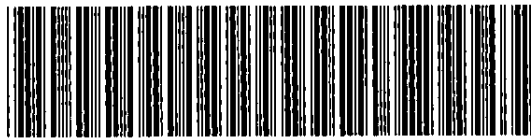
(Business Entity Name)

(Document Number)

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Ps 12/20/19



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 929830 5046129

AUTHORIZATION :

COST LIMIT : \$ 70.00

ORDER DATE : December 17, 2013

ORDER TIME : 3:17 PM

ORDER NO. : 929830-025

CUSTOMER NO: 5046129

FOREIGN FILINGS

NAME: ORTHO ORGANIZERS, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER: \_\_\_\_\_

**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. Ortho Organizers, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

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

2. California 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 6/11/1981 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 1822 Aston Avenue, Carlsbad, CA 92008  
(Principal office address)

1822 Aston Avenue, Carlsbad, CA 92008  
(Current mailing address)

8. Manufacturer and Distributor of orthodontic and related products  
(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: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301  
(City) (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.*

Corporation Service Company

By: [Signature]  
(Registered agent's signature)

G. E. Knight  
Assistant Vice President

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: See attached

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: See attached

Address: \_\_\_\_\_

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

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

14. Michael S. Ettinger, Vice President and Secretary

(Typed or printed name and capacity of person signing application)

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Directors:

Steven Paladino  
135 Duryea Road  
Melville, NY 11747

Mark E. Mlotek  
135 Duryea Road  
Melville, NY 11747

Michael S. Ettinger  
135 Duryea Road  
Melville, NY 11747

Officers:

President  
Russell J. Bonafede  
1822 Aston Avenue  
Carlsbad, CA 92008

Vice President and General Manager  
George W. Guttroff  
1822 Aston Avenue  
Carlsbad, CA 92008

Executive Vice President  
Lonnie Shoff  
135 Duryea Road  
Melville, NY 11747

Executive Vice President, Chief Financial Officer  
Steven Paladino  
135 Duryea Road  
Melville, NY 11747

Executive Vice President  
Mark E. Mlotek  
135 Duryea Road  
Melville, NY 11747

Treasurer  
Ferdinand G. Jahnel  
135 Duryea Road  
Melville, NY 11747

Vice President and Secretary  
Michael S. Ettinger  
135 Duryea Road  
Melville, NY 11747

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**State of California**  
**Secretary of State**

**CERTIFICATE OF STATUS**

**ENTITY NAME:**

ORTHO ORGANIZERS, INC.

**FILE NUMBER:** C1046418  
**FORMATION DATE:** 06/11/1981  
**TYPE:** DOMESTIC CORPORATION  
**JURISDICTION:** CALIFORNIA  
**STATUS:** ACTIVE (GOOD STANDING)

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I, DEBRA BOWEN, Secretary of State of the State of California,  
hereby certify:

The records of this office indicate the entity is authorized to  
exercise all of its powers, rights and privileges in the State of  
California.

No information is available from this office regarding the financial  
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate  
and affix the Great Seal of the State of  
California this day of December 17, 2013.

*Debra Bowen*

**DEBRA BOWEN**  
Secretary of State