| (Requestor's Name)                   |             |
|--------------------------------------|-------------|
| (Address)                            |             |
| (Address)                            | <del></del> |
| (City/State/Zip/Phone #)             |             |
| PICK-UP WAIT                         | MAIL        |
| (Business Entity Name)               |             |
| (Document Number)                    |             |
| Certified Copies Certificates of Sta | atus        |

Special Instructions to Filing Officer:

A. LUNT

DEC 30 2009

EXAMINER

Office Use Only



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### **COVER LETTER**

| TO:                | Registration Section Division of Corporations  |  |   |                                       |                        |                |
|--------------------|--|--|---|---------------------------------------|------------------------|----------------|
| ,<br>SUBJE         | CT: DISCUS DEN   | TAL, LLC Liability Company                   |   |                                       |                        |                |
| The end<br>Existen | losed "Application by Foreign Limited Liability Company<br>ce, and check are submitted to register the above reference | y for Authorization to Tr                    | ansact Business in F<br>y company to transa | Florida," (<br>act busine             | Certifica<br>ss in Flo | te of<br>orida |
| Please r           | eturn all correspondence concerning this matter to the following   | owing:                                       |   |                                       |                        |                |
|                    | Phoebe Le  | igh-Suelflow                                 |   | · · · · · · · · · · · · · · · · · · · |                        |                |
|                    | Name   | of Person                                    |   |                                       |                        |                |
|                    | Discus Dental, LLC Firm/Company  |  |   |                                       |                        |                |
|                    |  |  |   |                                       |                        |                |
|                    | 8550 Higuera Street  |  |   |                                       | 2009                   |                |
|                    |  | dress  | ,   | AHASSE                                | 2009 DEC 2 <b>9</b>    | <u> </u>       |
|                    | Culver City, CA 90232 City/State and Zip Code  |  |   |                                       | 28                     | דורתר          |
|                    |  |  |   |                                       | PM 12: 48              | Ц              |
|                    | phoebel@discusdental.com   |  |   |                                       |                        |                |
|                    | E-mail address: (to be used for  | future annual report noti                    | fication)                                   | OF STATE<br>E. FLORIDA                | Ğ                      |                |
| For furti          | ner information concerning this matter, please call:   |  |   |                                       |                        |                |
|                    | Phoebe Leigh-Suelflow at   |  | 845-8238                                    |                                       |                        |                |
|                    | Name of Person Area Co   | de & Daytime Telephone                       | e Number                                    |                                       |                        |                |
|                    | Registration Section Registration P.O. Box 6327 Clifton Buil   | Corporations Section ding tive Center Circle |   |                                       |                        |                |
| Enclos             | ed is a check for the following amount:  |  |   |                                       |                        |                |
| [                  | \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status  | \$155.00 Filing Fee &<br>Certified Copy      | \$160.00 Filing of Status &                 |                                       |                        |                |

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

|  |  | 1 1 1 ( .  |                               |
|--|--|--|-------------------------------|
| (Name of Foreign Limited Liability Con   | Discus Denta<br>mpany; must include "L             | II, LLC<br>imited Liability Company," "L.I               | C.," or "LLC.")               |
| name unavailable, enter alternate name adoption of the managers or managing members inpany," "L.L.C," "LLC.")                                      |  |  |                               |
| California   | 3.   | 95-430969  | 8                             |
| urisdiction under the law of which foreign ompany is organized)  | limited liability                                  | 95-430969<br>(FEI number, if appl                        | licable)                      |
| 6/8/2007   | 5  | perpetual Duration: Year limited liability of            | <u></u>                       |
| (Date of Organization)   | (I   | Duration: Year limited liability coxist or "perpetual")  | ompany will cease to          |
| 6/8/2007   |  |  | 7A S                          |
| (Date first transact<br>(See sections 608.50   | ed business in Florida,<br>11 & 608.502 F.S. to de | if prior to registration.)<br>termine penalty liability) | 2009 DEC<br>SECRETALLAHA      |
| 8550 Higuera Street  |  |  | ASS 28                        |
| Culver City, CA 90232  |  |  | <u>m</u> -,                   |
|  | (Street Address of Pri                             | ncipal Office)   | STAI<br>LOR                   |
| If limited liability company is a man  | ager-managed com                                   | pany, check here   | PH 12: 48 OF STATE E. FLORIDA |
| The name and usual business address  | ses of the managing                                | members or managers are                                  | as follows:                   |
| Discus Holdings,   |  |  |                               |
| 8550 Higuera St  |  |  |                               |
| Culver City CA   | 90232  |  |                               |
| Attached is an original certificate of existence, urisdiction under the law of which it is organization of the certificate under oath of the trans | zed. (A photocopy is no                            | t acceptable. If the certificate is in                   |                               |
| Nature of business or purposes to be   | e conducted or pror                                | noted in Florida:  |                               |
|  | dental products a                                  | and equipment  | ·                             |
|  |  |  |                               |

Typed or printed name of signee

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| 1. The name of the Limited Liability Company is:                                   |   |  |
|--|---|--|
| Discus Dental, LLC   |   |  |
| If unavailable, the alternate to be used in the state of Florida is:               |   |  |
| 2. The name and the Florida street address of the registered agent and office are: | <del>, , , , , , , , , , , , , , , , , , , </del> |  |
| CT Corporation System (Name)   | 2009 DEC 28 SECRETARY TALLAHASSEI                 |  |
| 1200 South Pine Island Road Florida Street Address (P.O. Box NOT ACCEPTABLE)       | <u>m</u> _  |  |
| Plantation, FL 33324 City/State/Zip  | PM I2: 48<br>OF STATE<br>E. FLORIDA               |  |

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

(Signature)

Donald Boadway, Assistant Secretary

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

# State of California Secretary of State

#### **CERTIFICATE OF STATUS**

ENTITY NAME: DISCUS DENTAL, LLC

FILE NUMBER:

200716210021

FORMATION DATE:

06/08/2007

TYPE:

DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION:

**CALIFORNIA** 

STATUS:

ACTIVE (GOOD STANDING)

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 10, 2009.

**DEBRA BOWEN Secretary of State**