

FL8000004101

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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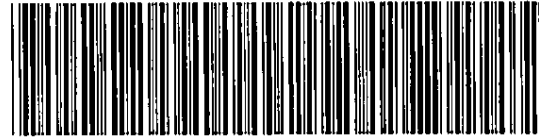
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N CULLIGAN

SEP 6 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 29 PALMS DENTAL IMPLANT ROOT CANAL ORTHODONTICS SURGERY NGUYEN
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:
AN V. NGUYEN

Name of Person

29 PALMS DENTAL IMPLANT ROOT CANAL ORTHODONTICS SURGERY NGUYEN INC.

Firm/Company

73666 JOSHUA DRIVE

Address

TWENTYNINE PALMS/CA 92277

City/State and Zip code

OYSTERS2010@GMAIL.COM

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

For further information concerning this matter, please call:

AN V. NGUYEN

760

865-0544

at ()

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 17, 2018

AN V NGUYEN
73666 JOSHUA DRIVE
TWENTYNINE PALMS, CA 92277

SUBJECT: 29 PALMS DENTAL IMPLANT ROOT CANAL ORTHODONTICS
SURGERY NGUYEN INC.
Ref. Number: W18000075062

We have received your document for 29 PALMS DENTAL IMPLANT ROOT CANAL ORTHODONTICS SURGERY NGUYEN INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist II

Letter Number: 218A00017128

*Dr. Wynn
LM 8/29 c 2:35*

**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.*

29 PALMS DENTAL IMPLANT ROOT CANAL ORTHODONTICS SURGERY NGUYEN INC.

1. _____
(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)
CALIFORNIA

2. _____ 3. 83-1155987
(State or country under the law of which it is incorporated) (FEI number, if applicable)
07-09-2018

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
09-01-2018

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7468 MOBILE HWY, PENSACOLA, FL 32526

7. _____
(Principal office address)
73666 JOSHUA DRIVE, TWENTYNINE PALMS, CA 92277

(Current mailing address, if different)

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

Name: AN V. NGUYEN
8027 MOBILE HWY

Office Address: PENSACOLA 32526
_____, Florida _____
(City) (Zip code)

9. 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.

An Nguyen
(Registered agent's signature)

10. 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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

AN V. NGUYEN

Chairman: _____

8027 MOBILE HWY

Address: _____

PENSACOLA, FL 32526

Vice Chairman: _____

Address: _____

HIROKO NAGAO

Director: _____

8027 MOBILE HWY

Address: _____

PENSACOLA, FL 32526

Director: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

B. OFFICERS

AN V. NGUYEN

President: _____

8027 MOBILE HWY

Address: _____

PENSACOLA, FL 32526

HIROKO NAGAO

Vice President: _____

8027 MOBILE HWY

Address: _____

PENSACOLA, FL 32526

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

12. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

AN V. NGUYEN

13. _____

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

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

29 PALMS DENTAL IMPLANT ROOT CANAL ORTHODONTICS SURGERY NGUYEN INC.

FILE NUMBER: C4178374
FORMATION DATE: 07/26/2018
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, 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 August 29, 2018.

ALEX PADILLA
Secretary of State