

FOI 0000000486 4

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Triplex Dental Laboratory Incorporated
(Name of corporation - must include suffix) dtc6

Dear Sir or Madam:

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

200003536372--8
-01/12/01--01101--001
*****87.50 *****87.50

Please return all correspondence concerning this matter to the following:

Arnold A. Anderson W01-1146
(Name of Person)
Triplex Dental Laboratory Inc.
(Firm/Company)
600 GUMPT AVE
(Address)
York, Nebraska 68467
(City/State and Zip code)

For further information concerning this matter, please call:

at Arnold Anderson 800. 252-0232
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS MAILING ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 25 PM 10:31

FILED

with
1/26



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

January 16, 2001

AARON ANDERSON
600 GRANT AVE.
YORK, NE 68647

SUBJECT: TRIPALAY DENTAL LABORATORY, INC.
Ref. Number: W01000001146

We have received your document for TRIPALAY DENTAL LABORATORY, 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):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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) 487-6097.

Michael Mays
Document Specialist

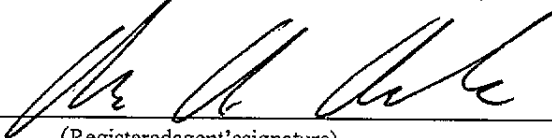
Letter Number: 401A00002394

FILED
00 JAN 25 PM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TAX I.D. # 47-0605648

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. TRIPALAY NEW TAC LABORATORY Incorporated
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Nebuchadnezzar
(State or country under the law of which it is incorporated) (FEI number, if applicable)
3. Aug 8, 1978
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
4. Upon qualification
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification." (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
5. 600 GURANT AVE York, NE 68467
(Principal office address)
6. SAME
(Current mailing address)
7. DENTAL
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
8. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: Aaron A Anderson
Office Address: 6600-1 Youngman Circle
JAX, Florida 32244
(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.

(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.

Wout
B.75 in certificate form

FILED
00 JAN 25 PM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: None

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Aaron A. Anderson

Address: 600 Grant Ave

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: Aaron A. Anderson

Address: 600 Grant Ave Yonk, NE

68467

FILED
JAN 25 PM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

13. [Signature]

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Aaron A. Anderson President

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

STATE OF

NEBRASKA

United States of America,
State of Nebraska } ss.



Department of State
Lincoln, Nebraska

I, John A. Gale, Secretary of State of Nebraska do hereby certify;

TRIPALAY DENTAL LABORATORY, INC.

was duly incorporated under the laws of this state on July 31, 1978,
and do further certify that no occupation taxes assessed are unpaid
and no annual reports are delinquent; articles of dissolution have not
been filed and said corporation is in existence as of the date of this
certificate.

In Testimony Whereof,

I have hereunto set my hand and
affixed the Great Seal of the State
of Nebraska on January 9, in the
year of our Lord, two thousand one.



John A. Gale
SECRETARY OF STATE

FILED
00 JAN 25 PM 10:31
SECRETARY OF STATE
ALLIANCE FOR NEBRASKA