F01000000486

4.

TRANSMITTALLETTER

TO: RegistrationSection
DivisionofCorporations

SUBJECT: Tripolay Dental Laboratory Incorporated
(Nameofcorporation-mustincludesuffix)

DearSirorMadam:

Theenclosed"ApplicationbyForeignCorporationforAuthorizationtoTransactBusinessinFlorida", "CertificateofExistence",andcheckaresubmittedtoregistertheabovereferencedforeigncorporation totransactbusinessinFlorida.

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

Pleasereturnallcorrespondenceconcerningthismattertothefollowing:

Aaron A Anderson W01-1146
(NameofPerson)

Tripolay Dental Laboratory Inc.
(Firm/Company)

600 Grant Ave
(Address)

York, Nebraska 68467
(City/StateandZipcode)

Forfurtherinformationconcerningthismatter,pleasecall:

at(Aaron Anderson 800. 258232
(NameofPerson)(AreaCode&DaytimeTelephoneNumber)

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

STREETADDRESSMAILINGADDRESS:

RegistrationSection
DivisionofCorporations
409E.GainesSt.
Tallahassee,FL32399

RegistrationSection
DivisionofCorporations
P.O.Box6327
Tallahassee,FL32314

Enclosedisacheckforthefollowingamount:

☐$70.00FilingFee ☐$78.75FilingFee& CertificateofStatus ☐$78.75FilingFee& CertificiedCopy ☑$87.50FilingFee, CertificateofStatus& CertificiedCopy

mtn
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

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

TAX I.D. # 47-0605648

APPLICATIONBYFOREIGNCORPORATIONFORAUTHORIZATIONTOTRANSACT BUSINESSINFLORIDA

INCOMPLIANCEWITHSECTION607.1503,FLORIDASTATUTES,THEFOLLOWINGISSUBMITTEDTO REGISTERAFOREIGNCORPORATIONTOTRANSACTBUSINESSINTHESTATEOFFLORIDA.

1. TRIPALAY DENTAL LABORATORY Incorporated
(Nameofcorporation;mustincludetheword"INCORPORATED","COMPANY","CORPORATION"or wordsorabbreviationsoflikeimportinlanguageaswillclearlyindicatethatitisacorporationinsteadofa naturalpersonorpartnershipifnotsocontainedinthenameatpresent.)

3. 2. Nebraska
(Stateorcountryunderthelawofwhichitisincorporated)(FEInumber,ifapplicable)

5. 4. Aug 8, 1978
(Dateofincorporation)(Duration:Yearcorp.willceas etoexistor"perpetual")

6. Upon qualification
(Datefirsttransactedbusinessin Florida.Ifcorporationhasnottransactedbusinessin Florida,insert"uponqualificat ion.")
(SEESECTIONS607.1501,607.1502and817.155,F.S.)

7. 600 Grant Ave York, NE 68467
(Principalofficeaddress)
SAME
(Currentmailingaddress)

8. DENTAL
(Purpose(s)ofcorporationauthorizedinhomestateorcountrytobecarriedoutinstateof Florida)

9. **Nameandstreetaddressof Floridaregisteredagent:**(P.O.BoxorMailDropBox **NOT**acceptable)

Name: Aaron A Anderson

OfficeAddress: 6600-1 Youngerman Circle

JAX ,Florida 32244
(City)(Zipco de)

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

10. **Registeredagent'sacceptance:**
Havingbeennamedasregisteredagentandtoacceptserviceofprocessfortheabovestatedcorporationattheplace designatedinthisapplication,Iherebyacceptheappointmentasregisteredagentandagreetoactinthiscapacity.I furtheragreetocomplywiththeprovisionsofallstatutesrelativetotheproperandcompleteperformanceofmy duties,andIamfamiliarwithandaccepttheobligationsofmypositionasregisteredagent.

(Registeredagent'ssignature)

11. Attachedisacertificateofexistencedulyauthenticated,notmorethan90dayspriortodeliveryofthisapplicationto theDepartmentofState,bytheSecretaryofStateorotherofficialhavingcustodyofcorporaterecordsinthejurisdiction underthelawofwhichitisincorporated.

Want 8.75 in certificate form

12. **Namesandbusinessaddressesofofficersand/ordirectors:**

A.DIRECTORS

Chairman: None

Address:

ViceChairman:

Address:

Director:

Address:

Director:

Address:

B.OFFICERS

President: Aaron A. Anderson

Address: 600 Grant Ave
York, NE 68467

VicePresident:

Address:

Secretary:

Address:

Treasurer: Aaron A. Anderson

Address: 600 Grant Ave York, NE 68467

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TALLAHASSEE, FLORIDA

NOTE: Ifnecessary,youmayattachanaddendumtotheapplicationlistingadditionalofficersand/ordirectors.

13. _____
(SignatureofChairman,ViceChairman,oranyofficerlistedinnumber12oftheapplication)

14. Aaron A. Anderson President
(Typedorprintednameandcapacityofpersonsigningapplication)

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.

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

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