

CT CORPORATION SYSTEM

# F01000001881

CORPORATION(S) NAME

(1) Corporate Technology Development Inc.

(2) Oral Solutions Inc.

900003963159--4  
-04/06/01--01041--019  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

900003963159--4  
-04/10/01--01055--024  
\*\*\*\*\*8.75 \*\*\*\*\*8.75

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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|--|---|---|
| <input checked="" type="checkbox"/> Profit   | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger             |
| <input type="checkbox"/> Nonprofit           | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark               |
| <input checked="" type="checkbox"/> Foreign  | <input type="checkbox"/> Reinstatement          | <input type="checkbox"/> Other              |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Change of RA       |
| <input type="checkbox"/> LLC                 | <input type="checkbox"/> Name Registration      | <input type="checkbox"/> UCC                |
| <input type="checkbox"/> Certified Copy      | <input type="checkbox"/> Fictitious Name        | <input type="checkbox"/> CUS                |
| <input type="checkbox"/> Call When Ready     | <input type="checkbox"/> Photocopies            | <input type="checkbox"/> After 4:30         |
| <input checked="" type="checkbox"/> Walk In  | <input type="checkbox"/> Call If Problem        | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out            | <input type="checkbox"/> Will Wait              |   |

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Availability \_\_\_\_\_  
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Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

4/6/01

Order#: 40151

Ref#: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2001 APR -6 PM 2:34  
NOT INTENDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

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*801 190020860*

*3K*  
*4/4*

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

*IF COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA.*

1. **Oral Solutions, Inc.**

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviation 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. **Delaware**

(State or country under the law of which it is incorporated)

3. **13-404-7700**

(FEI number, if applicable)

4. **April 7, 1998**

(Date of incorporation)

5. **Perpetual**

(Duration: Year corp. will cease to exist or perpetual)

6. **February 26, 2001**

(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 AND 817.155, F.S.)

7. **1680 Michigan Avenue, Suite 700  
Miami, Florida 33139**

(Current mailing address)

8. **To engage in any lawful act or activity for which corporations may be organized under the General Corporation Law of Delaware.**

(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 or Mail Drop Box NOT acceptable)**

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida, 33324  
(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 and accept the obligations of my position as registered agent.*

CT Corporation System

**CONNIE BRYAN**

**SPECIAL ASSISTANT SECRETARY**

Connie Bryan  
(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.

12. Name and addresses of officers and/or directors: (Street address **ONLY** -P.O. Box **NOT** acceptable)

**A. DIRECTORS (Street address only - P.O. Box NOT acceptable)**

Director: **Michael Ferrari**  
Address: c/o Corporate Technology Development  
1680 Michigan Avenue, Suite 700  
Miami, Florida 33139

Director: **Sarah E. Laut**  
Address: c/o Corporate Technology Development  
1680 Michigan Avenue, Suite 700  
Miami, Florida 33139

Director: **Nicholas Stergiopoulos**  
Address: c/o Corporate Technology Development  
1680 Michigan Avenue, Suite 700  
Miami, Florida 33139

**B. OFFICERS (Street address only - P.O. Box NOT acceptable)**

President & Treasurer: **Nicholas Stergiopoulos**  
Address: c/o Corporate Technology Development  
1680 Michigan Avenue, Suite 700  
Miami, Florida 33139

Secretary: **Sarah E. Laut**  
Address: c/o Corporate Technology Development  
1680 Michigan Avenue, Suite 700  
Miami, Florida 33139

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

13.

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

14. **Nicholas Stergiopoulos, President and Treasurer**

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

FILED  
01 APR -6 AM 8:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

State of Delaware  
Office of the Secretary of State

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PAGE 1

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ORAL SOLUTIONS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF APRIL, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

FILED  
APR -6 AM 8:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State

2883388 8300

AUTHENTICATION: 1065555

010167381

DATE: 04-05-01