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Special Instructions to	Filing Officer:	1
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Office Use Only



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TRANSMITTAL LETTER

TO:	Registration Se Division of Cor		<u>-</u>			-		
SUBJ	ECT:	NovamiN (Name	TECHN	06064	INC			-
		(Name	of corporation	- must include s	uffix)			
Dear S	Sir or Madam:							
"Certif		ion by Foreign Cor e", and check are s lorida.						
Please	return all corresp	ondence concernit	ng this matter	to the following:				
	WILLIAM	F. McL	ピの 人	Contra	GLLEN	<u> </u>		_
		F. McL	(Name of	Person)				_
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For fu	rther information	concerning this ma	itter, please ca	ıII;				
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	ET ADDRESS: ration Section			MAILING ADI Registration Sec				
_	on of Corporation	ıs		Division of Cor				
	Gaines St.			P.O. Box 6327				
Tallah	assee, FL 32399			Tallahassee, FL	32314			
Enclos	sed is a check for	the following amo	unt:					
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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.

	NOVAMIN TECHNOLOGY INC	
	(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.	MARYLAND 3. = 33- 102721 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	(State or country under the law of which it is incorporated) (FEI number, if applicable)	1
4.	SEPTEMBER 25, 2002 5 PERPETUAL ME	j
	(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")	
6.	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.)	
7.	13709 PROGRESS BLUD SUITE 23 ALACHUA FL 32615	
_	(Principal office address)	
	13709 PROGRESS BLUD SUITE 23 ALACHUA FL 32615	
	(Current mailing address)	
	(Current mailing address) DEVELOP AND COMMERCIALIZE ORAL CARE PRODUCTS UTILIZING	vG
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8.	DEVELOP AND COMMERCIALIZE ORAL CARE PRODUCTS UTILIZIN	vG
	DEVELOP AND COMMERCIALIZE ORAL CARE PRODUCTS UTILIZING THE CORPORATION'S PROPRIETARY TECHNOLOGIES. (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	vG
	DEVELOP AND COMMERCIALIZE ORAL CARE PRODUCTS UTILIZING THE CORPORATION'S PROPRIETARY TECHNOLOGIES. (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	vG
	DEVELOP AND COMMERCIALIZE ORAL CARE PRODUCTS UTILIZING THE CORPORATION'S PROPRIETARY TECHNOLOGIES. (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	vq
9.	DEVELOP AND COMMERCIALIZE ORAL CARE PRODUCTS UTILIZING THE CORPORATION'S PROPRIETARY TECHNOLOGIES. (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	νG
9.	DEVELOP AND COMMERCIALIZE ORAL CARE PRODUCTS UTILIZING THE CORPORATION'S PROPRIETARY TECHNOLOGIES. (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: RANDOLPH L. SCOTT ffice Address: 13709 PROGRESS BLVD SUITE 23	wG
9.	DEVELOP AND COMMERCIALIZE ORAL CARE PRODUCTS UTILIZING THE CORPORATION'S PROPRIETARY TECHNOLOGIES. (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: RANDOLPH L. SCOTT ffice Address: 13709 PROGRESS BLVD SUITE 23	vG

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 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.

12. Names and business addresses of officers and/or directors:
A. DIRECTORS
Chairman: ARTHUR WOTIZ
Address: 2415 COSTA VEROE BLUD
JACKSONVILLE BEACH, FL 32250
Vice Chairman: NONE
Address:
Director: RANDOLPH L SCOTT
Address: 7821 NW SIST DRIVE
GAINGSVILLE, FL 32653
Director: BANNUS B. HUOSON =
Address: 10 ARDEN ROAD
BERKELEY, CA 94704
<u> </u>
B. OFFICERS —
President: RANDOLPH L. SCOTT
Address: 7821 NW 5/st DRIVE
GAINESVILLE, FL 32653
Vice President: DAVIO C. GREENSPAN
Address: 3116 NW 62 ND TERRACE
CEAINESUILLE, FL 32606
Secretary: None
Address:
Treasurer: NONE
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. RANDOLPM L. SCOTT, PRESIDENT
(Typed or printed name and capacity of person signing application)

ADDENDUM

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

A. DIREC	IURS
Director Ghairman: _	W. K. SMITH
Address:	STOS 113 SUNSET DRIVE
	BEL AIR, MO 21014
DIRECTOR	<u></u>
Vice Chairma	In: LEWIS T SHUSTER
Address:	421 BRIDOON TERRACE
	ENCINITAS, CA 92024
Director:	JACK C. DEMETREE, JR
Address:	6671 EPPING FOREST WAY, N
	JACKSONVILLE FL 32217
Director:	JULES BLAKE
Address:	867 SUNSET RIDGE TO
	BRIDGEWATER NJ 08807
B. OFFICI	
_	<u> </u>
President: _	
Address:	
Vice Presider	nt:
F	
Address:	
Secretary: _	
Address:	
Treasurer:	
Address:	
NOTE: If r	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	
- '' <u></u>	(Typed or printed name and capacity of person signing application)

STATE OF MARYLAND Department of Assessments and Taxation



I, PAUL ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT NOVAMIN TECHNOLOGY, INC. IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS NOVEMBER 25, 2002.

Paul B. Anderson Charter Division

