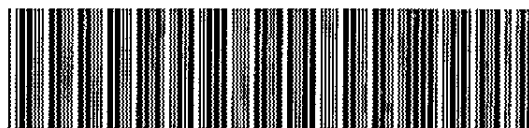


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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TRANSMITTAL LETTER

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03 FEB 13 PM 12: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: Registration Section
Division of Corporations

SUBJECT: Nu-Smile Ceramics, 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", 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:

Ralph A. Carlson

(Name of Person)

Nu-Smile Ceramics, Ltd.

(Firm/Company)

12651 Walsingham Rd.

(Address)

Largo, FL. 33774-3627

(City/State and Zip code)

For further information concerning this matter, please call:

Donald R. Dixon, CPA

(Name of Person)

at (708) 957-9095 x 12

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

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

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

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO FILED
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. 03 FEB 13 PM 12: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Nu-Smile Ceramics, 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. Illinois

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

3. 36-3287476

(FEI number, if applicable)

4. 7/01/84

(Date of incorporation)

5. Perpetual

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

6. 11/01/02

(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. 12651 Walsingham Rd.

Largo, FL 33774-3627

(Principal office address)

Same

(Current mailing address)

8. Dentures and other Teeth related products

(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: Ralph A. Carlson

Office Address: 611 Berry Place

Indian Rocks Beach

(City)

, Florida 33785

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above designated in this application, I hereby accept the appointment as registered agent and further agree to comply with the provisions of all statutes relative to the proper and co duties, and I am familiar with and accept the obligations of my position as registered

Ralph A. Carlson

(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: Ralph A. Carlson

Address: 611 Berry Place
Indian Rocks Beach, FL. 33785

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Ralph A. Carlson

Address: 611 Berry Place
Indian Rocks Beach, FL. 33785

Vice President: Same

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional c

13. Ralph A. Carlson

(Signature of Chairman, Vice Chairman, or any officer listed in number

14. Ralph A. Carlson President

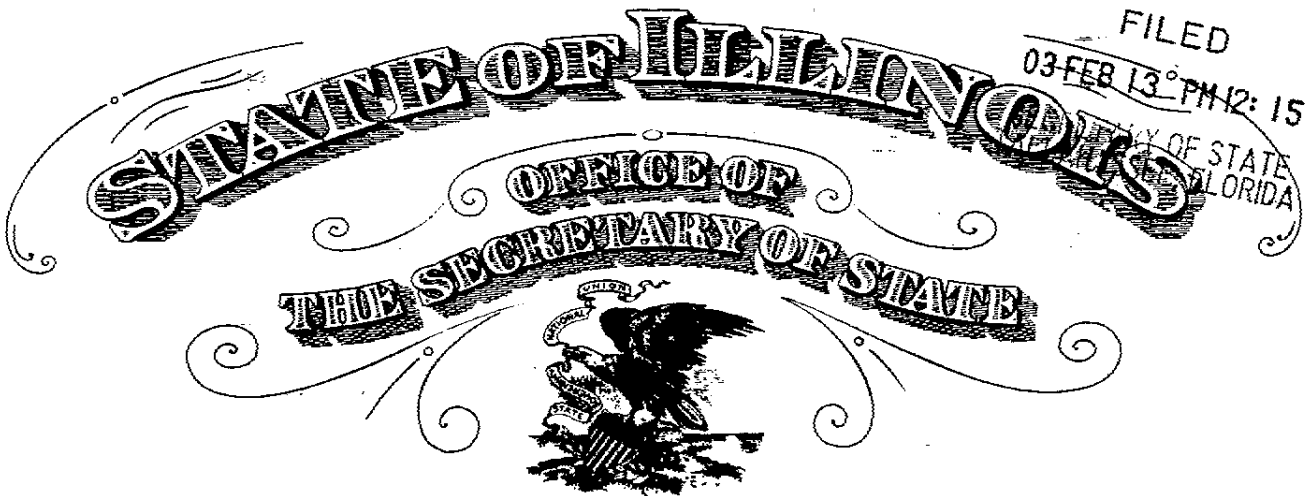
(Typed or printed name and capacity of person signing applicati

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

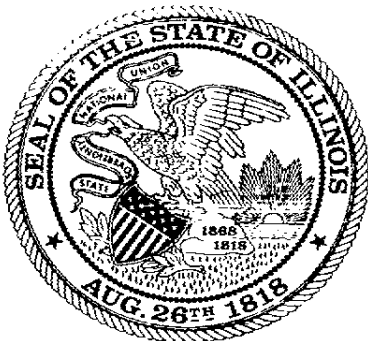
File Number 5349-366-1



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

NU-SMILE CERAMICS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE JUNE 15, 1984, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE FILING OF ANNUAL REPORTS AND PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS*****



In Testimony Whereof, I, hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 8TH *day of* JANUARY *A.D.* 2003.

Jesse White

SECRETARY OF STATE