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SECRETARY OF STATE
TALL AHASSEE FILES

## **COVER LETTER**

TO: New Filing Section Division of Corporations					
SUBJECT: Oscar Hernandez, Jr. DMD., P.A.					
(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:					
Karen Seiberlich					
(Name of Person)					
Riddell Law Group					
(Firm/Company)					
3400 S. Tamiami Trail					
(Address)					
Sarasota, FL 34239					
(City/State and Zip code)					
For further information concerning this matter, please call:					
Karen Seiberlich at ( 941-366-1300 Ext. 1313					
(Name of Person) (Area Code & Daytime Telephone Number)					
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  MAILING ADDRESS: New Filing 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 & \$78.75 Filing Fee & Certificate of Status Certified Copy  Certified Copy  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 REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Oscar Hernandez, Jr. DMD., P.A.

		•		ourpose of transacting bus	•	•
2. New Jer (State or country under t	sey USA	3.	22-34054	63		-
(State or country under t	the law of which it is	incorporated)		(FEI number, if applicabl	e)	
4. October	13, 1995	5.	Perp	etual ar corp. will cease to exist		_
(Date of inco	orporation)		(Duration: Yea	ar corp. will cease to exist	t or "perpetual")	
6	(Data first tre	ansacted business in	n Florida if neior	to registration)		
	(SEE SECTIONS	607.1501 & 607.15	502, F.S., to deter	mine penalty liability)	SECRE	<u> </u>
7. 2620 48th Avenue West, Bradenton, Florida 34207 (Principal office address)						
	(P	rincipal office addi	ress)		HSSS AMA	3 <u> </u>
2620 48th Ave	enue West, Bra	denton, Flor	1da 34207	· · · · · · · · · · · · · · · · · · ·		2 C
	. (C	Current mailing add	ress)		LOR STA	
Daniel atoms					ABA ATE	
B. Dentistry		in home state or or	untry to be corri	ed out in state of Florida)		
. Name and street addr	<u>ess</u> of Florida regis	tered agent: (P.C	D. Box <u>NOT</u> ac	ceptable)		
Name:	Jefferson F. F	≀iddell, Esq.				
Office Address: 34	400 S. Tamiami	Trail				
Saı	rasota		, Florida	34239		
	(City	y)	, Florida _	(Zip code)		
10. Registered agent's	acceptance:					
Having been named as i		id to accept servi	ce of process fo	r the above stated corp	poration at the	olace
designated in this applic						
further agree to comply					formance of m	v duties
and I am familiar with a		ganous aj my pos	sition as registe	rea ageun.		
and I am familiar with a	and docept the oon	/ )	1	1		
and I am familiar with a	and accept the oot.	(),/	1 100	1		
and I am familiar with a		( ) del	del			

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. DIRECT		
Chairman:	Oscar Hernandez, Jr., DMD	
Address:	4713 Mainsail Drive	• •
	Bradenton, Florida 34208	ZUUS SEC Tall
Vice Chairma	in:	L 20 _
		5≥ 1 =
		Ma M
		FE STAT
Address:		
<del></del>		
Director:		
Address:		
B. OFFICE	RS	
President:	Oscar Hernandez, Jr., DMD	<b>y</b>
Address:	4713 Mainsail Drive	
	Bradenton Florida 2/200	
Vice President	t:	
Secretary:		
		**************************************
NOTE: If no	ecessary, you may attach an addendum to the application listing additional	officers and/or directors.
13	()	
-	(Signature of Director or Officer listed in number 12 of the applic	cation)
14	Oscar Hernandez, Jr. Director	
	(Typed or printed name and capacity of person signing applicat	ion)



## STATE OF NEW JERSEY DEPARTMENT OF TREASURY SHORT FORM STANDING

OSCAR HERNANDEZ, JR. DMD., P.A. 0100644389

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Professional Corporation was registered by this office on October 23, 1995.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

Schatz, Pinto, Shack & Co., Llc 239 New Road, Suite C-4 Parsippany, NJ 07054

Continued on next page . . .

