

F0800000/654

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

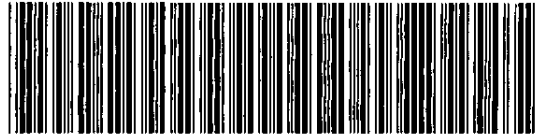
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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03/31/08--01029--021 **87.50

FILED
2008 APR 14 PM 4: 27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch APR 14 2008

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Webco Dental & Medical Supplies, 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:

Harry Jay Levin, Esq.

(Name of Person)

Levin Cyphers

(Firm/Company)

1410 Hooper Avenue

(Address)

Toms River, New Jersey 08753

(City/State and Zip code)

For further information concerning this matter, please call:

Harry Jay Levin, Esq. at (732) 240-0909

(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 &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☒ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 31, 2008

HARRY JAY LEVIN, ESQ.
1410 HOOPER AVE
TOMS RIVER, NJ 08753

SUBJECT: WEBCO DENTAL & MEDICAL SUPPLIES, INC.
Ref. Number: W08000016483

We have received your document for WEBCO DENTAL & MEDICAL SUPPLIES, 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 entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

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) 245-6928.

Tim Burch
Regulatory Specialist II

Letter Number: 908A00018822

RECEIVED
08 APR 14 AM 8:00
DIVISION OF CORPORATIONS

**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.

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1. Webco Dental and Medical Supplies, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Webco Dental, Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New Jersey

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

3. EIN 26-1372566

(FEI number, if applicable)

4. November 7, 2007

(Date of incorporation)

5. perpetual

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

6. _____

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 320 South Main Street, Phillipsburg, New Jersey 08865

(Principal office address)

320 South Main Street, Phillipsburg, New Jersey 08865

(Current mailing address)

8. Distribution of dental supplies

(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 NOT acceptable)

Name: Christopher K. Cooley

Office Address: 12635 U.S. Highway 19, Unit 4-5

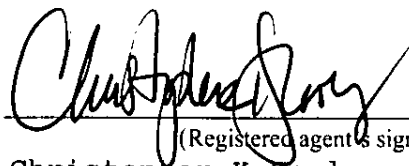
Hudson, Florida 34667

(City)

(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 with and accept the obligations of my position as registered agent.



(Registered agent's signature)

Christopher K. Cooley

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. DIRECTORSChairman: Clifford G. Lisman, DMDAddress: 320 South Main StreetPhillipsburg, NJ 08865Vice Chairman: Clifford G. Lisman, DMDAddress: 320 South Main StreetPhillipsburg, NJ 08865Director: Clifford G. Lisman, DMDAddress: 320 South Main StreetPhillipsburg, NJ 08865Director: Clifford G. Lisman, DMDAddress: 320 South Main StreetPhillipsburg, NJ 08865**B. OFFICERS**President: Clifford G. Lisman, DMDAddress: 320 South Main StreetPhillipsburg, NJ 08865Vice President: Clifford G. Lisman, DMDAddress: 320 South Main StreetPhillipsburg, NJ 08865Secretary: Clifford G. Lisman, DMDAddress: 320 South Main Street, Phillipsburg, NJ 08865Treasurer: Clifford G. Lisman, DMDAddress: 320 South Main Street, Phillipsburg, NJ 08865**NOTE:** If necessary, 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 application)

14. Clifford G. Lisman

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

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2008 APR 14 PM 4:27
TAMM HALL
JAIL
JAIL

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

WEBCO DENTAL AND MEDICAL SUPPLIES, INC.

0100986171

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on November 7, 2007.

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 the registered agent and registered office are:

*Levin Cyphers
1410 Hooper Avenue
Toms River, NJ 08753*

FILED
2008 APR 14 PM 4:27
DEPARTMENT OF TREASURY



Certificate Number: 111695782

Verify this certificate online at

http://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
19th day of March, 2008*

A handwritten signature in black ink, appearing to read "R. David Rousseau", written over a horizontal line.

*R. David Rousseau
Acting State Treasurer*