

To: The Florida Dept. of State
Subject: 001641.89987

From: Ashley Smith

Friday, July 25, 2008 10:39 AM Page 1 of 4

Division of Corporations

<http://efile.sumbiz.org/scripts/efilecovr.exe>

FD8000003299

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000181068 3)))



H080001810683ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

001641.89987

FOREIGN PROFIT/NONPROFIT CORPORATION

ORTHODONTIC SEMINARS INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

YMD 7/28

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 JUL 25 PM 1:06

RECEIVED
08 JUL 25 AM 11:56
DIVISION OF CORPORATION

H08000181068 3

08 JUL 25 PM 1:06

FILED
SECRETARY OF STATE
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.

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

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

2. Delaware 3. 20-0499361
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. December 19, 2002 5. Perpetual
(Date of incorporation) (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. 46 North Washington Blvd., Suite 1, Sarasota, FL 34236
(Principal office address)
- P.O. Box 821, Osprey, FL 34229
(Current mailing address)

8. Engage in any lawful act or activity for which corporations may be organized under the
(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)

Florida Business
Corporation Act.

Name: LPS Corporate Services, Inc.

Office Address: 46 N. Washington Blvd., Suite 1

Sarasota, Florida 34236

(City)

, Florida

(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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

LPS Corporate Services, Inc.

By: [Signature]

(Registered agent's signature)

Michael E. Siegel, Vice President

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:

H08000181068 3

H08000181068 3

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 JUL 25 PM 1:06

A. DIRECTORS

Chairman: V/A

Address: _____

Vice Chairman: V/A

Address: _____

Director: Dr. Brock Rondeau

Address: P.O. Box 821, Osprey, FL 34229

Director: V/A

Address: _____

B. OFFICERS

President: Dr. Brock Rondeau

Address: P.O. Box 821, Osprey, FL 34229

Vice President: V/A

Address: _____

Secretary: Dr. Brock Rondeau

Address: P.O. Box 821, Osprey, FL 34229

Treasurer: Dr. Brock Rondeau

Address: P.O. Box 821, Osprey, FL 34229

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. _____

Brock Rondeau, Director, President, Secretary and Treasurer
(Typed or printed name and capacity of person signing application)

H08000181068 3

Delaware

The First State

H08000181068 3

PAGE 1

08 JUL 25 PM 1:06

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ORTHODONTIC SEMINARS 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 TWENTY-SIXTH DAY OF JUNE, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ORTHODONTIC SEMINARS INC." WAS INCORPORATED ON THE NINETEENTH DAY OF DECEMBER, A.D. 2002.

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.



3600700 8300

080734109

You may verify this certificate online
at corp.delaware.gov/authver.shtml

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6691242

DATE: 06-26-08

H08000181068 3