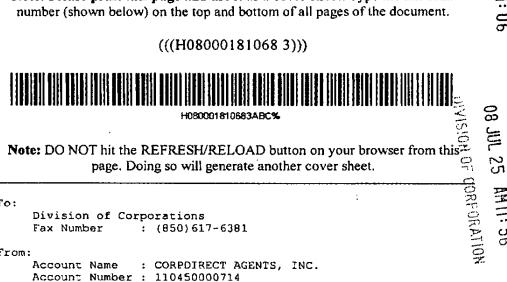


Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

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To:

From:

Account Number: 110450000714 Phone : (850)222-1173 Fax Number : (850)224-1640

FOREIGN PROFIT/NONPROFIT CORPORATION

ORTHODONTIC SEMINARS INC.

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

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Corporate Filing Menu

Help

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| | DIVISE ON J |
| | JUL |
| APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSAC BUSINESS IN FLORIDA | ~ 354 4 |
| 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. | S PH 1: 06 |
| 1. Dathodontic Samingre Inc. | TATE RATION 1: 06 |
| (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp,") |) 6 ONS |
| (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) | _ |
| | |
| 2. State or country under the law of which it is incorporated) (FEI number, if applicable) | - |
| | |
| 4. December 19, 2007 5. Perpetual (Date of incorporation) (Duration; Year corp. will cease to exist or "perpetual") | · · |
| , , , , , , , , , , , , , , , , , , , | |
| (Date first transacted business in Florids, if prior to registration) | - |
| (SBE 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. Base 821 Ospices FL 34229 (Content mailing address) | - |
| | |
| 8. Engage in any lawful act or activity for which corporations may be organ (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida B | - : |
| 9. Name and street address of Florida registered agent (P.O. Box NOT acceptable) Comporati | |
| Name: LPS Corporate Services, Inc. | |
| Office Address: 46 N. Washington Blvd., Suite 1 | į |
| Sarasota, Florida 34236 , Florida (710 and) | |
| (City) (Zip code) | Ì |
| 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the p designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacifurther agree to comply with the provisions of all statutes relative to the proper and complete performance of my and I am familiar with and accept the obligations of my position as registered agent. | city. I |
| LPS Corporate Services, Inc. | |
| (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 applica the Department of State, by the Secretary of State or other official having custody of corporate records in the juried | ition to liction |

under the law of which it is incorporated.

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

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| | <u> </u> |
|--|----------------|
| A. DIRECTORS | 둗 |
| Chairman: V\Q | 2 |
| Address: | |
| | |
| Vice Chairman: 211 | |
| Address: | 36 |
| | |
| Director: Dr. Brock Rondon | |
| Address: P.O. Box 821, Osprey, FL 34229 | |
| | |
| | |
| Director: 14/4 | |
| Address: | |
| | |
| 3. OFFICERS | |
| President: Dr. Brech Rondego | · |
| Address P.O. Box 821, Osprey, FL 34229 | |
| | |
| Vice President: | · |
| Address: | |
| | |
| Secretary: N. Brox 4 Rondeau | |
| Address: P.O. Box 821, Osprey, FL 34229 | |
| 7 3 . 2 . | |
| | |
| Address: P.O. Box 821, Osprey, FL 34229 | |
| NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or direc | tors. |
| 3 Zen | |
| (Signature of Director or Officer listed in number 12 of the application) | |
| 4. Brock Rondeau, Director, President, Secretary and | d Treasurer |
| (Typed or printed name and capacity of person signing application) | |

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Delaware

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PAGE 1

SECRETARY OF STATE DIVISION OF CORPORATIO

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE 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. delawire.gov/authver.whtml

Variet Smile Hinden

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6691242

DATE: 06-26-08