

F0900000/538

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

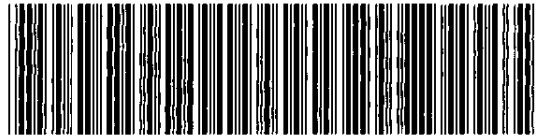
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800149614478

04/14/09--01032--003 **87.50

APPROVED
AND
FILED
09 APR 14 PM 2:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

UH

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Scion Dental, 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:

Steven Imber
(Name of Person)

Polsinelli Shughart PC
(Firm/Company)

6201 College Blvd., Suite 500
(Address)

Overland Park, Kansas 66211
(City/State and Zip code)

For further information concerning this matter, please call:

Steve Imber, Esq. at (913) 451-7469
(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

**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. Scion Dental, 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

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

3. _____

(FEI number, if applicable)

4. 4/3/09

(Date of incorporation)

5. perpetual

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

6. pending registration - n/a

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

7. 10201 North Port Washington Road, Mequon, Wisconsin 53092

(Principal office address)

10201 North Port Washington Road, Mequon, Wisconsin 53092

(Current mailing address)

8. See attached text for Purpose

(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:

CT Corporation System

Office Address:

1200 South Pine Island Road, # 250

Fort Lauderdale

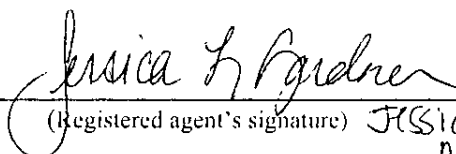
(City)

, Florida 33324-4413

(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)

Jessica L. Braraveri
ASST VP

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.

09 APR 14 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

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

A. DIRECTORS

Chairman: Craig R. Kasten

Address: 10201 North Port Washington Road, Mequon, Wisconsin 53092

Vice Chairman: _____

Address: _____

Director: Craig R. Kasten

Address: 10201 North Port Washington Road, Mequon, Wisconsin 53092

Director: Gregory J. Borca

Address: 10201 North Port Washington Road, Mequon, Wisconsin 53092

B. OFFICERS

President: Craig R. Kasten

Address: 10201 North Port Washington Road, Mequon, Wisconsin 53092

Chief Executive Officer: Gregory J. Borca

Address: 10201 North Port Washington Road, Mequon, Wisconsin 53092

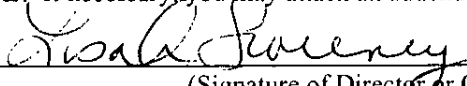
Secretary: Lisa A. Sweeney

Address: 10201 North Port Washington Road, Mequon, Wisconsin 53092

Treasurer: Lisa A. Sweeney

Address: 10201 North Port Washington Road, Mequon, Wisconsin 53092

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. Lisa A. Sweeney Secretary / Treasurer / Chief Financial Officer
(Typed or printed name and capacity of person signing application)

09 APR 14 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

Delaware

The First State

APPROVED
AND
FILED

03 APR 14 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA


I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "SCION DENTAL, 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 THIRD DAY OF APRIL, A.D.
2009.

4672873 8300

090331551



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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 7227444

DATE: 04-03-09