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(OR) State Liph Hone #)
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(Business Entity Name)
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TABLAHASSEE, FLORINA

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COVER LETTER

TO: New Filing Section Division of Corporations				
SUBJECT: JOHN JAY CASH, D.D.S., PC				
	ı - must include suffix			
Dear Sir or Madam:				
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Star referenced foreign corporation to transact business in F	iding"and check are submitted to register the above			
Please return all correspondence concerning this matter	to the following:			
J. MICHAEL LUC	CAS, JD, CPA			
Name of	Person			
Firm/Company				
150 CHERRY				
Addr	ess			
TERRE HAUTI	•			
City/State a	nd Zip code			
mike@prevoa	assoc.com for future annual report notification)			
E-man address. (to be used	for ruture aimuar report notification)			
For further information concerning this matter, please of	call:			
J. MICHAEL LUCAS, JD. CPA 812	× 232-8956			
J. MICHAEL LUCAS, JD, CPA at (812 Area of Person A	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:	7			
\$70.00 Filing Fee \$\ \tag{Certificate of Status}\$	S78.75 Filing Fee & ✓ \$87.50 Filing Fee, Certified Cop Certified Copy Certified Copy			

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

			ATUTES, THE FOLLOWING IS SUBMITTED USINESS IN THE STATE OF FLORIDA.	D TQ ≥
1. JOHN JAY CASH				
(Enter name of corpora "Inc.," "Co.," "Corp," "		.D,"	"COMPANY," "CORPORATION,"	ARY OF STA
(If name unavailable in	Florida, enter alternate corporate nan	ne a	dopted for the purpose of transacting business in	(किव्यु
2. INDIANA		3	35-2050547	
(State or country under	the law of which it is incorporated)		(FEI number, if applicable)	
_{4.} JUNE 25, 1998		5.	PERPETUAL	
(Date of inc	orporation)	•	(Duration: Year corp. will cease to exist or "perp	etual")
6. N/A				
_{7.} 4729 PAPAYA PA			Florida, if prior to registration) 02, F.S., to determine penalty liability)	
	(Principal office a	ddre	ess)	
1550 S. WHITE P	INE STREET, TERRE HAUT	ГΕ,	, IN 47803	
	(Current mailing a	ddr	ess)	
8. PRACTICE OF D (Purpose(s) of co		cou	untry to be carried out in state of Florida)	
9. Name and street addr	ress of Florida registered agent: (P	.O.	Box NOT acceptable)	
Name: JO	HN J. CASH	,		
Office Address: 472	29 PAPAYA PARK			
DE	STIN		, Florida 32541	
	(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)

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.

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

A. DIRECTORS		
Chairman: JOHN J. CASH		
Address: 4729 PAPAYA PARK	AES	7009 NOV
DESTIN, FL 32541	是可	
Vice Chairman: N/A	SEC.	20
Address:	12.5 13.1	⊋ (
		#: 30
Director: ROBERTA A. CASH		
Address: 4729 PAPAYA PARK		
DESTIN, FL 32541		
Director:		
Address:		
B. OFFICERS		
President: JOHN J. CASH		
Address: 4729 PAPAYA PARK		
DESTIN, FL 32541		
Vice President: N/A		
Address:		
Secretary: ROBERTA A. CASH		
Address: 4729 PAPAYA PARK, DESTIN, FL 32541		
Treasurer: N/A		
Address:		
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or direct	tors.	
13. (Signature of Director or Officer listed in number 12 of the application)		
14. JOHN J. CASH, PRESIDENT		
(Typed or printed name and capacity of person signing application)		

STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

ZOOS NOV 20 PN 4: SECHETARY OF STA ALLAHASSEE ELOO

To Whom These Presents Come, Greetings:

I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

JOHN JAY CASH, D.D.S., PC

duly filed the requisite documents to commence business activities under the laws of State of Indiana on June 25, 1998, and was in existence or authorized to transact business in the State of Indiana on November 13, 2009.

I further certify this Domestic Professional Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Thirteenth Day of November, 2009.

TODD ROKITA, Secretary of State

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