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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: SUNSHINE DENTAL USA CORPORATION
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," or "Certificate of Good Standing" 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:

MURRAY SILVERMAN, CPA

Name of Person

MURRAY SILVERMAN, P.A.

Firm/Company

1919 N.E. 45th STREET, SUITE 215

Address

FORT LAUDERDALE, FL 33308

City/State and Zip code

MSPA@BELLSOUTH.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MURRAY SILVERMAN

Name of Person

at (954) 491-3292

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

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F.D.U.
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. SUNSHINE DENTAL USA CORPORATION
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

N/A

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

2. DELAWARE 3. 27-2364464
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. APRIL 8, 2010 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 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. 2180 N.E. 56th COURT, FORT LAUDERDALE, FL 33308
(Principal office address)
(SAME)
(Current mailing address)

8. SALE OF ORAL HEALTH PRODUCTS
(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: MURRAY SILVERMAN

Office Address: 1919 N.E. 45th STREET, SUITE 215

FORT LAUDERDALE, Florida 33308
(City) (Zip code)

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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.

Murray Silverman
(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.

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

SECRETARY OF STATE
DIVISION OF CORPORATIONS

A. DIRECTORS

Chairman: CATHIE RHAMES 2010 MAY 14 PM 2:29

Address: 2180 N.E. 56th COURT
FORT LAUDERDALE, FL 33308

Vice Chairman: JEFFREY GINIGER

Address: CR 5065 SUNRISE POINTE COURT
DELRAY BEACH, FL 33484

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: CATHIE RHAMES

Address: 2180 N.E. 56th COURT
FORT LAUDERDALE, FL 33308

Vice President: RALPH MORTON

Address: 2180 N.E. 56th COURT
FORT LAUDERDALE, FL 33308

Secretary: JEFFREY GINIGER

Address: 5065 SUNRISE POINTE COURT, DELRAY BEACH, FL 33484

Treasurer: CATHIE RHAMES

Address: 2180 N.E. 56th COURT, FORT LAUDERDALE, FL 33308

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Cathie Rhames
(Signature of Director or Officer listed in number 12 of the application)

14. CATHIE RHAMES, PRESIDENT
(Typed or printed name and capacity of person signing application)

Delaware

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The First State

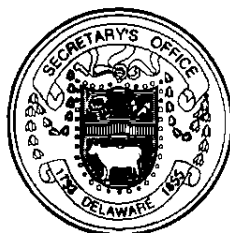
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SUNSHINE DENTAL USA CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF APRIL, A.D. 2010.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 7941796

DATE: 04-20-10