

F10000002936

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

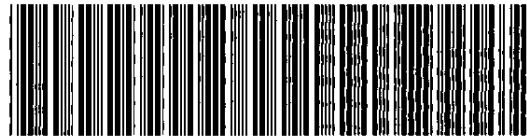
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

Susan Powers GAVE
AUTHORIZATION BY FINGER TO
CORRECT *Application*
DATE *6-29-10*
DOC. EXAM *✓*



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06/28/10--01026--014 **78.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Smith JUN 29 2010

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: PAVONA PTY LTD
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:

SUSAN POWERS
Name of Person
Southern Cross Dental Laboratory
Firm/Company
9895 66th STREET NORTH.
Address
PINELLAS PARK, FLORIDA 33782 U.S.A.
City/State and Zip code
Suzipowers@msn.com.
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susan Powers at (727) 544-5020
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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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1. PAYONA PTY LIMITED, CO.
(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. NSW, AUSTRALIA 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. X 20.1.1984 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. NA
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. X 19 BAY STREET, DOUBLE BAY, NSW, 1360, AUSTRALIA.
(Principal office address)
19 BAY STREET, DOUBLE BAY, NSW, 1360, AUSTRALIA
(Current mailing address)
8. DENTAL LABORATORY
(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: SUSAN POWERS
SOUTHERN CROSS DENTAL LABORATORIES USA INC.
Office Address: 9895 66th STREET NORTH.
PINELLAS PARK, FLORIDA Florida 33762.
(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.

Susan B Powers
(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:

A. DIRECTORS

Chairman: DAVID PENN

Address: 19 BAY ST, DOUBLE BAY
NSW, AUSTRALIA 2028

Vice Chairman: _____

Address: _____

Director: LINDA PENN

Address: 19 BAY ST, DOUBLE BAY
NSW AUSTRALIA 2028

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. David Penn

(Signature of Director or Officer listed in number 12 of the application)

14. DAVID PENN

(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**NOTARIAL CERTIFICATE ANNEXING AND VERIFYING
AUSTRALIAN SECURITIES AND INVESTMENTS
COMMISSION CERTIFICATE OF REGISTRATION OF A
COMPANY.**


CITY OF SYDNEY

TO ALL TO WHOM THESE PRESENTS SHALL COME:

I, DOUGLAS STEVEN GORDON, Notary Public duly authorised, admitted and sworn dwelling and practising in the City of Sydney in the State of New South Wales, Commonwealth of Australia DO HEREBY CERTIFY that:

- (a) PAVONA PTY LIMITED (Australian Company Number 002 712 085) is a proprietary Company limited by shares registered and existing under the Corporations Act, 2001 of Australia;
- (b) the copy document hereunto annexed and marked with the letter "A" is a true copy of the original document of which it purports to be a copy being the Certificate of Registration of a Company issued by the Australian Securities and Investments Commission which original document has today been produced and shown to me.

IN FAITH AND TESTIMONY WHEREOF
I have hereunto set my hand and seal of office
this 18th day of June in the year two thousand
and ten.


.....
Douglas Steven Gordon
Notary Public
Sydney

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NOTARY PUBLIC
STATE OF NEW SOUTH WALES
PAVONA