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(Requestor's Name)
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SECRETARY OF STATE
ANASSEE FLORIDA

MRDS

1.110-34005

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: NEOSS INC.	
Name of	corporation - must include suffix
Dear Sir or Madam:	
	poration for Authorization to Transact Business in Florida," f Good Standing" and check are submitted to register the insact business in Florida.
Please return all correspondence concerning	g this matter to the following:
Scott Seybold, President	
	Name of Person
Neoss, Inc.	
	Firm/Company .
21820 Burbank Blvd., Suite 220	
	Address
Woodland Hills, CA 91367	
scott.seybold@neoss.com	City/State and Zip code
E-mail address:	(to be used for future annual report notification)
For further information concerning this mat	ter, please call:
Pam Ellis	(818) 432-2610
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 Enclosed is a check for the following amount	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
2 \$70.00 Filing Fee	Fee & S78.75 Filing Fee & S87.50 Filing Fee,



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

July 20, 2010

SCOTT SEYBOLD, PRESIDENT NEOSS, INC. 21820 BURBANK BLVD., SUITE 220 WOODLAND HILLS, CA 91367

SUBJECT: NEOSS INCORPORATED

Ref. Number: W10000034005

We have received your document for NEOSS INCORPORATED and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$950.00.

If you have any questions concerning the filing of your document, please call = Letter Number: 110A00017582 (850) 245-6879.

Ruby Dunlap Regulatory Specialist II

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.

NEOSS#NEORPORATED INC.	
(Enter name of corporation; must include "INCO "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	ORPORATED," "COMPANY," "CORPORATION,"
(If name unavailable in Florida, enter alternate co	corporate name adopted for the purpose of transacting business in Florida)
DELAWARE	3. 4 124874 / 20 - 4990931
(State or country under the law of which it is inco	orporated) (FEI number, if applicable)
04/11/2006	5. perpetual
(Date of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
6/01/2007	
(Date first transac	cted business in Florida, if prior to registration) 11501 & 607.1502, F.S., to determine penalty liability)
21820 Burbank Blvd., Suite 220 Woodland H	tills, CA 91367
(Princ	cipal office address)
21820 Burbank Blvd., Suite 220 Woodland F	Hills, CA 91367
(Curre	ent mailing address)
	e de la companya de
sales of dental implants and accessories	
(Purpose(s) of corporation authorized in h	nome state or country to be carried out in state of Florida)
. Name and street address of Florida registere	ed agent: (P.O. Box <u>NOT</u> acceptable)
Name: CT Corporation System	LAS NO
Name. <u>Creopolation system</u>	五日
ffice Address: 1200 South Pine Island Roa	SSE 2
Plantation	Florida33324
(City)	(Zip code)
	REFERENCE STATE OF THE PROPERTY OF THE PROPERT
esignated in this application, I hereby accept	o accept service of process for the above stated corporation at the place t the appointment as registered agent and agree to act in this capacity. f all statutes relative to the proper and complete performance of my dut

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.

(Registered agent's signature)

Baher Tanius, Assistant Secretary

12. Names and business addresses of officers and/or dire
--

FILED

A. DIRECTORS

Address: SECRETARY OF STATE FALL ANASSEE FLORIDA Vice Chairman: Address: Director: Address: B. OFFICERS President: Scott Seybold Address: 21820 Burbank Blvd., Suite 220 Woodland Hills, CA 91367 Vice President: Address: Secretary: Address: Treasurer: Address:	Chairman	10 AUG -2 PM 4: 38
Address:		SECRETARY OF STATE
Director: Address: Director: Address: B. OFFICERS President: Scott Seybold Address: 21820 Burbank Blvd., Suite 220 Woodland Hills, CA 91367 Vice President: Address: Secretary: Address: Treasurer:	Vice Cha	irman:
Director: Address: Director: Address: B. OFFICERS President: Scott Seybold Address: Vice President: Address: Secretary: Address: Treasurer:	Address:	
Address: Director: Address: B. OFFICERS President: Scott Seybold Address: 21820 Burbank Blvd., Suite 220 Woodland Hills, CA 91367 Vice President: Address: Secretary: Address: Treasurer:	Director:	
Director: Address: B. OFFICERS President: Scott Seybold Address: 21820 Burbank Blvd., Suite 220 Woodland Hills, CA 91367 Vice President: Address: Secretary: Address: Treasurer:		
Address: B. OFFICERS President: Scott Seybold Address: 21820 Burbank Blvd., Suite 220 Woodland Hills, CA 91367 Vice President:	Director:	
B. OFFICERS President: Scott Seybold Address: 21820 Burbank Blvd., Suite 220 Woodland Hills, CA 91367 Vice President:		
Address:	President:	Scott Seybold 21820 Burbank Blvd Suite 220 Woodland Hills CA 91367
Address:	Vice Presi	dent:
Secretary:		
Address:	Secretary:	
Address:		
	Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.		If necessary, you may attach an addendum to the application listing additional officers and/or directors.
(Signature of Director or Officer listed in number 12 of the application)	13	(Signature of Director or Officer listed in number 12 of the application)
14. Scott Seybold, President (Typed or printed name and capacity of person signing application)	14. Scot	

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "NEOSS 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 TWENTY-THIRD DAY OF JUNE, A.D. 2010.



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100657924

AUTHENTY CATION: 8072422

DATE: 06-23-10

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