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Certified Copies	_ Certificates	s of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE

MR) 13/12

COVER LETTER

TO:	TO: New Filing Section Division of Corporations						
SUBJ	FCT·	Delta Dental (Community Ca	are Four	ndation		
0000	LC1		ition – must includ				
Dear S	ir or Madam:						
"Certif	ficate of Existent		Standing" and chee		tion to Conduct its Affairs in Florida", nitted to register the above referenced		
Please	return all corres	pondence concerning this r	natter to the follow	ing:			
			Debra Chambl				
			Name of Person	1			
		De	Ita Dental of Ca	lifornia			
			Firm/Company	/			
		100 First Street					
		15th Floor					
			Address				
			Francisco, CA				
			City/State and Zip	Code			
		dtadloc	k@delta.org				
	E-n	nail address: (to be used for	r future annual repo	ort notificat	ion)		
For fu	rther information	concerning this matter, ple	ease call:				
	•			•			
			t (415)		-8675		
	Name	of Person	Area Code & D	aytime Tel	lephone Number		
	MAILING AI New Filing Sec Division of Co P.O. Box 6327 Tallahassee, FI	ction rporations	Ne Div Cli 266	w Filing Se vision of Co fton Buildin	orporations ng e Center Circle		
Enclos	ed is a check for	the following amount:					
√ \$70	0.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filin Certified Co		\$87.50 Filing Fee, Certificate of Status & Certified Copy		



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED FEB 0 6 2012 LEGAL

January 30, 2012

DEBRA CHAMBLEE DELTA DENTAL OF CALIFORNIA 100 FIRST STREET, 15TH FLOOR SAN FRANCISCO, CA 94105

SUBJECT: DELTA DENTAL COMMUNITY CARE FOUNDATION

Ref. Number: W12000005590

We have received your document for DELTA DENTAL COMMUNITY CARE FOUNDATION 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 must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap Regulatory Specialist II

Letter Number: 612A00002969



February 6, 2012

Ruby Dunlap, Regulatory Specialist II Florida Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Re:

Delta Dental Community Care Foundation

Qualification of Foreign Nonprofit Corporation

Dear Ms. Dunlap,

Delta Dental Community Care Foundation received your January 30th memo returning its Application by Foreign Not For Profit Corporation for Authorization to Conduct Its Affairs in Florida. An updated application indicating "Inc." after the corporation name is enclosed. Please process the application and return verification of qualification to me at the San Francisco office.

Thank you for your assistance.

Debra Chamblee

Sincerely,

Debra Chamblee Assistant to EVP/CLO

(415) 972-8494

dchamblee@delta.org

Enclosure

RECEIVED 12 FEB 10 PM 4: 15

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

(Name of corne	ration: must include t	ne word "INCORPOR	ATE	D" or "CORPOR.	Oundation Line ATION" or words or a	bbreviations of like
import in langu	age as will clearly ind	icate that it is a corboi	ration	instead of a natu	ral person or partnersh by a nonprofit corpora	ip it not so contained
2.	California		3,		37-1571764 El number, if applicable	
	·					
4	July 16, 200	8	_ 5		Perpetual corp. will cease to exi	
I)	Date of Incorporation)			(Duration: Year	corp. will cease to exi	st or "perpetual")
6		•	n/a			ermine penalty liability.)
(Date first cond	ucted affairs in Florida	if prior to registration.	See s	ections 617.1501	& 617.1502, F.S, to dete	ermine penalty liability.)
7.	100 Firs	t Street, 15th Flo	or,	San Francisc	o, CA 94105	
		(Princi	pal of	fice address)		
	100 Firs	t Street, 15th Flo	or, S	San Francisco	o, CA 94105	
		(Curr	ent m	ailing address)		
-	te social we	-		-		
8.	access to c	ental care for the	e wo	rking poor an	d their families.	
(Purpose(s) of	corporation authorized	l in home state or cou	ntry t	o be carried out in	the state of Florida)	
9. Name and str	eet address of Floric	la registered agent:	(P.O.	Box NOT acce	ptable)	-1
						25
Name:	Charles Lamon	t c/o Delta Denta	ıl	_		端田禮
						TAFEBIO PH 1:25 TAFEBIO PH 1:25 TAFEBIASSEE, FLORIO
Office Address:	258 Southhall L	ane, Suite 350		_		SEX P
	A 4 - 141 I				20754	
	Maitland	(City)		_, Florida	32751 (Zip Code)	- 107 2
		(OIG)			(2.1)	語が
10. Registered	l agent's acceptanc	e:				7
designated in th	is application. I he	reby accept the app	ointn	ient as registere	ed agent and agree to	rporation at the place o act in this capacity. I
further agree to	comply with the prair with and accept	ovisions of all statu	tes re	elative to the pr	oper and complete p	erformance of my duties,
unu 1 um jumui	иг мин ини иссерг	ne obligations of n	iy po.	sition as registe	rea agem.	
		Shale	L.	-)ann	al.	
		(Registe	red a	rent'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 addresses of officers and/or directors:

FILED

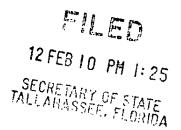
A. DIRECTORS

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SECRETARY OF STATE TALLAHASSEE, FLORIDA
Machines Ste, FLORIDA
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ditional officers and/or directors.
ber 12 of the application)
) g application)

State of California Secretary of State

CERTIFICATE OF STATUS



ENTITY NAME:

DELTA DENTAL COMMUNITY CARE FOUNDATION

FILE NUMBER:

C3105221

FORMATION DATE:

07/16/2008

TYPE:

DOMESTIC NONPROFIT CORPORATION

JURISDICTION: C

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of January 05, 2012.

Jun 2002

DEBRA BOWEN
Secretary of State