

F/2000002929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

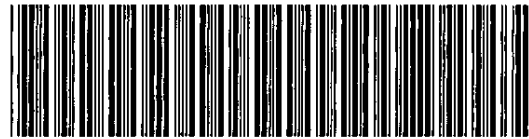
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

CORRECTED LINE #4 (DATE
OF INCORPORATION) TO
MATCH CONNECTICUT
CERTIFICATE.

K 07/16/12

Office Use Only



200236906942

200236906942
06/28/12--01002--019 **70.00

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12 JUL 13 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W12-34977

K 07/16/12



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 29, 2012

ANTHONY SCHITTIA
50 STILLMAN ROAD
NORTH HAVEN, CT 06473

SUBJECT: JENSEN DENTAL
Ref. Number: W12000034977

We have received your document for JENSEN DENTAL 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. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 612A00017812

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Jensen Industries, Inc

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:

Anthony Schittia

Name of Person

Jensen Industries, Inc

Firm/Company

50 Stillman Road

Address

North Haven, CT 06473

City/State and Zip code

gmk@jensendental.com

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

For further information concerning this matter, please call:

Anthony Schittina

Name of Person

at (203) 239-2090 ext 2229

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.*

1. Jensen Industries Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Jensen Dental, Inc.

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

2. Connecticut

(State or country under the law of which it is incorporated)

3. 06-0939472

(FEI number, if applicable)

4. 3/05/1976

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. 07/01/2012

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 50 Stillman Road, North Haven, CT 06473

(Principal office address)

50 Stillman Road, North Haven, CT 06473

(Current mailing address)

8. Sale of dental laboratory supplies

(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: CT Corporation System

Office Address: 1200 South Pine island Road

Plantation

(City)

, Florida 33324

(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.

Lacey Judd, assistant secretary, CT Corporation System
(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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: David J. Stine

Address: 50 Stillman Rd, North Haven, CT 06473

Vice President: _____

Address: _____

Secretary: Gina Kupec

Address: 50 Stillman Rd, North Haven, CT 06473

Treasurer: Anthony Schittina

Address: 50 Stillman Rd, North Haven, CT 06473

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

13.  VP + Treas.
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Anthony Schittina, V.P.

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

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof,
DO HEREBY CERTIFY, that the certificate of incorporation of

JENSEN INDUSTRIES INC.

a domestic STOCK corporation, was filed in this office on March 05, 1976, a certificate of dissolution
has not been filed, the corporation has filed all annual reports, and so far as indicated by the records of
this office such corporation is in existence.



Secretary of the State

Date Issued: July 03, 2012

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TALLAHASSEE, FLORIDA