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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

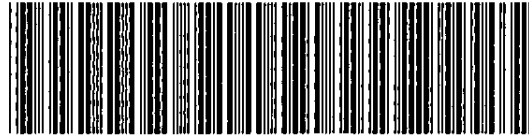
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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07/23/12--01048--007 **87.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 OCT -5 AM 8:51

FILED

J. Shivers OCT 08 2012
12-51267
2553
647

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Hayes Handpiece Franchises, 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:

Karen Lonsway

Name of Person

Hayes Handpiece Franchises, Inc.

Firm/Company

5375 Avenida Encinas Suite C

Address

Carlsbad, CA 92008

City/State and Zip code

karen.lonsway@hayeshandpiece.com

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

For further information concerning this matter, please call:

Karen Lonsway

Name of Person

at (760) 602-0521

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



5375 Avenida Encinas, Suite B & C
Carlsbad, CA 92008
www.hayeshandpiece.com

October 4, 2012

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Attn: Mr. Shivers

Re: Hayes Handpiece Franchises Inc.
Application by Foreign Corporation
For Authorization to Transact Business in Florida

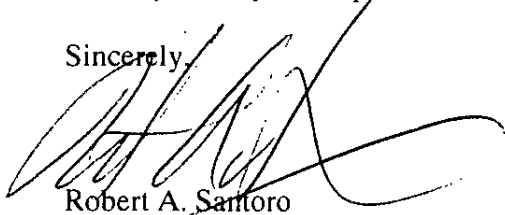
Dear Mr. Shivers,

Enclosed is Application by Foreign Corporation for Authorization to Transact Business in Florida. Note that item 10 includes the original signature of our registered agent in Florida. Also enclosed is the Certificate of Status issued by the State of California Secretary of State. Filing fee in the amount of \$87.50 has previously been paid.

Please contact me if further information is required in order to register Hayes Handpiece Franchises Inc. in Florida.

Thank you for your help in this matter.

Sincerely,



Robert A. Santoro
Controller

Enclosures

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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. Hayes Handpiece Franchises Incorporated
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp," "Inc.," "Co.," or "Corp.")

Hayes Handpiece Company

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

2. California 3. 33-0678080
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 9/27/1995 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 102 NE 2nd Street #294, Boca Raton, FL 33432
(Principal office address)

102 NE 2nd Street #294, Boca Raton, FL 33432
(Current mailing address)

8. Dental Drill Repair and Sales
(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: InCorp Services, Inc.

Office Address: 17888 67th Court

Loxahatchee, Florida 33470
(City) (Zip code)

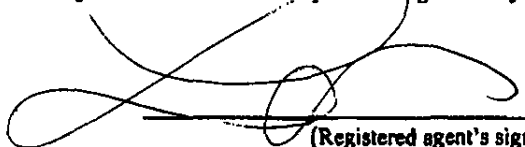
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10. Registered agent's acceptance:

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.



Liset Robles on behalf of Incorp Services, Inc.

(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: John Hayes

Address: 465 Neptune Avenue
Encinitas, CA 92024

Vice Chairman: _____

Address: _____

Director: Kenneth Schwing

Address: 853 Windridge Circle
San Marcos, CA 92078

Director: _____

Address: _____

B. OFFICERS

President: Joseph Hayes

Address: 5375 Avenida Encinas Ste. C
Carlsbad, CA 92008

Vice President: _____

Address: _____

Secretary: Jo A. Hayes

Address: 5375 Avenida Encinas Ste. C Carlsbad, CA 92008

Treasurer: _____

Address: _____

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

13. 

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. Jo A. Hayes

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

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

State of California
Secretary of State
CERTIFICATE OF STATUS

ENTITY NAME:

HAYES HANDPIECE FRANCHISES INCORPORATED

FILE NUMBER: C1924323
FORMATION DATE: 09/27/1995
TYPE: DOMESTIC CORPORATION
JURISDICTION: 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.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA



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

Debra Bowen

DEBRA BOWEN
Secretary of State

SKK