# F/3000001503

(Reque	stor's Name)	
(Addres	ss)	
(Addres	ss)	
(City/St	ate/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Busine	ess Entity Nar	me)
(Docum	nent Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Filir	g Officer:	

Office Use Only

W13-5066



600242535486

01/24/13--01006--024 \*\*870.00

04/05/13--01002--004 \*\*150.00

13 APR -5 AM 8: 47

× 04/08/13



2013 MAR 28 PM 1: 46

#### FLORIDA DEPARTMENT OF STATECHETARY OF STATE Division of Corporations TALLAHASSEE, FLORIDA

January 25, 2013

TIM HILL ULTREO, INC. 14787 NE 95TH STREET, QUAD 95, BLDG. 8 REDMOND, WA 98052

SUBJECT: ULTREO, INC. Ref. Number: W13000005066

We have received your document for ULTREO, INC. and your check(s) totaling \$870.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name and title of the person signing the document must be noted beneath or opposite the signature.

It appears that an incorrect penalty fee was quoted; the correct amount for the penalty fee is \$950.00, not \$800.00 (a one year Annual Report Fee of \$150.00 was missed). Therefore, please remit the difference of \$150.00 to this office.

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: 513A00001947

### **COVER LETTER**

	Filing Section				
	Ultreo,				
SUBJECT			oration -	must include suffix	
Dear Sir or N	Madam:				
"Certificate	of Existence,"		od Stand	ling" and check are sub	ct Business in Florida," omitted to register the
Please return	_	dence concerning thi	s matter	to the following:	
		N	ame of P	erson	
Ultreo,	Inc.				
		Fir	m/Comp	oany	_
14787	NE 95th	Street, Quad	d 95,	Bldg. 8	
Redmo	nd, WA	98052	Addres	es	
		City	/State an	d Zip code	
thill@co	astdental				
		E-mail address: (to b	e used fo	or future annual report i	notification)
For further is	nformation cor	cerning this matter,	please ca	ill:	
Tim Hil	l	8	13	288-1999	
	ne of Person	at ( <u> </u>		ode & Daytime Teleph	one Number
New Divi Clift 266	REET/COURI Filing Section sion of Corpor con Building Executive Ce ahassee, FL 32	ations nter Circle		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 F	iling Fee 🛛	\$78.75 Filing Fee of Certificate of State		\$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.

	corporation; must include "INCORPORATED Corp," "Inc," "Co," or "Corp.")	)," "COMPANY," "CORPORATION,"		
(If name unavail	able in Florida, enter alternate corporate name	e adopted for the purpose of transacting b	usiness in Florida)	
Delaware	Э ,	, 27-1903429		
	under the law of which it is incorporated)	(FEI number, if applicable)		
2/19/201	0 ,	<sub>s.</sub> perpetual		
(Date	of incorporation)	(Duration: Year corp. will cease to ex	ist or "perpetual")	
11/21/20	10			
		in Florida, if prior to registration)		
4.4707 NIC	•	1502, F.S., to determine penalty liability)	0050	
14/0/ INE	95th Street, Quad 95; Bl		8052	
1 <i>4</i> 707 NE	(Principal office ad	•	50	
14/0/ NE	95th Street, Quad 95; Bldg (Current mailing ad		52	
	(Current maning ad	uress)		
Sales of	Ultrasound tooth brushes	and supplies		
	s) of corporation authorized in home state or c		a)	
Name and street	et address of Florida registered agent: (P	.O. Box NOT acceptable)	7 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
Name:	NRAI Services, Inc.		APR	
-	515 East Park Avenue	<del></del>	5	
ffice Address:			र्वित्रील≪	
	Tallahassee	, Florida 32301		
	(City)	(Zip code)	E ALL	
			യാനം 👊	

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.

(Registered agent's signature) ASST. SELLETALY

<sup>11.</sup> 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:	A. 3
Address:	APR
B. OFFICERS  Precident: Tim Hill	
4.4707 NE OEU Otrock Occal OC. Distr. O	8 L 7 S S S S S S S S S S S S S S S S S S
Address: 14/8/ NE 95th Street, Quad 95; Bldg. 8 Redmond, WA 98052	Den J
Vice President:	
Address:	
Secretary: Amy Ceresa	
Address: 14787 NE 95th Street, Quad 95; Bldg. 8	
Treasurer: Redmond, WA 98052	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional offi	cers and/or directors.
130	
Signature of Director or Officer  The officer or director signing this document (and who is listed in number 12 above) affirm	as that the facts stated herein
are true and that he or she is aware that false information submitted in a document to the De a third degree felony as provided for in s.817.155, F.S.	
14. President ~ - TIM HILL  (Typed or printed name and capacity of person signing application)	
(Typed or printed name and capacity of person signing application	)

# Delaware

PAGE 1

## The First State

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

DELAWARE, DO HEREBY CERTIFY "ULTREO, 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 SEVENTH DAY OF JANUARY, A.D. 2013.

13 APR -5 AM 8: 47
SECRETARY OF STATE
PARLAHASSEE FLORIDA

4790772 8300

121265860

the same

AUTHENT (CATION: 0123629

DATE: 01-07-13

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