# 13000005030

(Re	equestor's Name)	<del> </del>
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PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name)	
(De	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SLORE DARY OF STATE
ALL ARASSEE FLORIDA

11/2-56276 mid 11/20

# **COVER LETTER**

	ng Section of Corporations				
SUBJECT: _	Midwest	Dental			
		Name of corpora	tion - must in	clude suffix	
Dear Sir or Mada	ım:				
	kistence," or "Cei	tificate of Good S	Standing" and	check are sub	ct Business in Florida," omitted to register the
Please return all	correspondence c	oncerning this ma	atter to the fol	lowing:	
	Tabit	ha Jah	1as		
		Name	of Person		
	Manage	ement	Consu	ultan	<u> </u>
:	0115	Firm/C	Company	۸.	<u> </u>
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For further infori				•	,
Tabitha,	lahlas	at (319	390	)-2047	
Name of	Person	Ar	ea Code & Da	aytime Teleph	one Number
New Fili Division Clifton E 2661 Exe	r/COURIER AD ng Section of Corporations duilding ecutive Center Ci see, FL 32301			MAILING A New Filing Se Division of Co P.O. Box 632' Tallahassee, F	ection orporations 7
Enclosed is a che		ing amount:			
\$70.00 Filing		5 Filing Fee & ficate of Status	S78.75 E	Filing Fee & d Copy	☐ \$87.50 Filing Fee, Certificate of Status &



October 9, 2013

TABITHA JAHIAS 240 WILEY BLVD SW, STE.B CEDAR RAPIDS, IA 52404

SUBJECT: MIDWEST DENTAL ARTS, INC.

Ref. Number: W13000056276

We have received your document for MIDWEST DENTAL ARTS, INC. 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 entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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 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.

Maryanne Dickey

Regulatory Specialist II

Letter Number: 613A00023753



### FLORIDA DEPARTMENT OF STATE Division of Corporations

October 23, 2013

TABITHA JAHIAS 240 WILEY BLVD SW, STE.B CEDAR RAPIDS, IA 52404

SUBJECT: MIDWEST DENTAL ARTS, INC.

Ref. Number: W13000056276

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

You failed to make the correction(s) requested in our previous letter.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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 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.

Maryanne Dickey Regulatory Specialist II

www.sunbiz.org

Letter Number: 613A00023753

Division of Compositions D.O. DOV 6297 Wellshamme Florida 2991



November 4, 2013

TABITHA JAHIAS 240 WILEY BLVD SW, STE.B CEDAR RAPIDS, IA 52404

SUBJECT: MIDWEST DENTAL ARTS, INC.

Ref. Number: W13000056276

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

You failed to make the correction(s) requested in our previous letter.

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 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.

Maryanne Dickey Regulatory Specialist II

Letter Number: 613A00023753

# 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.

14	MILIMI III 12.	INC.				
(Enter name of corpore "Inc.," "Co.," "Corp,"	ation; must include "INCORPORA" "Inc," "Co," or "Corp.")	TED," "CO	MPANY," "COI	RPORATION,"	ALLAHAS	13 NOV
16 nama unavailable ir	n Florida, enter alternate corporate	name adonte	d for the purpose	of transacting bus	iness in F	lorida)
ii name unavanable ii	1 riorida, enter alternate corporate	name adopte			incasimi.	
IOWA		3	34-14	01453	<u> </u>	<u> 73                                   </u>
State or country under	the law of which it is incorporated	1)	(FEI nu	mber, if applicable	9 공품	
06 03 19	997	5.	Ren	petual		
(Date of in	corporation)		ation: Year corp	will cease to exis	or "perp	etual")
	(Date first transacted busi (SEE SECTIONS 607.1501 &					
710	o North Drive s	C <del>10</del> , C	Melbou	irne, Fl	329	934
	(Principal office			<del>(11,C)   E</del>		
120	AI HWY 9US SV	NICHA	DIAM!	52338		
120	- (Current maili	ng address)	101001		<u></u>	
	corporation authorized in home stated dress of Florida registered agent					
Name:	aul Futrell		•			
ffice Address:	7100 North Dow	L Sto	$\mathcal{C}$	- 1		
Y	Melbourne.		, Florida 3	1934		
-+	(City)		·	code)		
signated in this app rther agree to comp	's acceptance: is registered agent and to accep- lication, I hereby accept the ap- ly with the provisions of all sta liar with and accept the obliga	ppointment itutes relati	as registered as ve to the proper	gent and agree to and complete p	o act in t	his capacu
<del></del>	$\bigcap_{\alpha \in \mathcal{A}} \alpha$				The series and the series of t	-
	Mulation	5		3		ł

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. DIRE	CTORS		

Chairman:	
Address:	FF B
	N
Vice Chairman	S. 9
Vice Chairman:	THE PLANE
Address:	82 <b>-</b>
	<u>o</u> m 7
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
President: Jamey Schropp	
Address: 1291 HWY 905	
Swisher, lowa 52338	
Vice President:	
Address:	
Secretary	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional office	rs 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 t	hat the facts stated herein
are true and that he or she is aware that false information submitted in a document to the Department and that he or she is aware that false information submitted in a document to the Department and that he or she is aware that false information submitted in a document to the Department and the De	
a third degree felony as provided for in s.817.155, F.S.	
(Typed or printed name and capacity of person signing application)	
· · · · · · · · · · · · · · · · · · ·	

## IOWA SECRETARY OF STATE MATT SCHULTZ





CERTIFICATE OF EXISTENCE

Date: 11/12/2013

Name: MIDWEST DENTAL ARTS, INC. (490 DP - 206893)

Date of Incorporation: 6/3/1997

**Duration: PERPETUAL** 

I, Matt Schultz, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the corporation named on this certificate:

- a. The entity is in existence and duly incorporated under the laws of Iowa.
- b. All fees required under the Iowa Business Corporation Act due the Secretary of State have been paid.
- c. The most recent biennial report required has been filed with the Secretary of State.
- d. Articles of dissolution have not been filed.

Certificate ID: CS85976

To validate certificates visit:

sos.iowa.gov/ValidateCertificate

Matt Schultz, Iowa Secretary of State