

F1400000976

Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : NORTHWEST REGISTERED AGENT LLC
Account Number : I20090000081
Phone : (509) 768-2249
Fax Number : (855) 330-1010

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: forms@LLCAgent.com

FOREIGN PROFIT/NONPROFIT CORPORATION

Smile for a Lifetime, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

B 3/5/14

RECEIVED

14 MAR -4 AM 8:05

STATE
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 MAR -4 PM 12:02

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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:

1. Smile for a Lifetime, Inc.
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
2. Arkansas 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 10/01/2008 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. _____
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 4565 Hilton Parkway, Suite 203, Colorado Springs, CO 80907
(Principal office address)
- _____ (Current mailing address)
8. Provide free orthodontic services to children who cannot afford braces
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: Northwest Registered Agent, LLC.

Office Address: 3030 N. Rocky Point Dr. STE 150A

Tampa, Florida 33607
(City) (Zip Code)

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.



Dan Keen-Manager

(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.

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12. Names and addresses of officers and/or directors:

A. DIRECTORS

Dr. Ron Redmond

Address: 4565 Hilton Parkway, Suite 203

Colorado Springs, CO 80907

Richard Levin, Esq.

Address: 75 N. East Street, Suite 402

Fayetteville, AR 72701

Director: Teresa Gast, Cain, Watters & Associates

Address: 6900 Dallas Parkway, Suite 500

Plano, TX 75024

Director: Michelle Von Fange

Address: 4565 Hilton Parkway, Suite 203

Colorado Springs, CO 80907

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B. OFFICERS

President: Dr. Ron Redmond

Address: 4565 Hilton Parkway, Suite 203

Colorado Springs, CO 80907

Vice President: _____

Address: _____

Secretary: Richard Levin, Esq.

Address: 75 N. East Street, Suite 402, Fayetteville, AR 72701

Treasurer: Teresa Gast, Cain, Watters & Associates

Address: 6900 Dallas Parkway, Suite 500, Plano, TX 75024

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

13. Michelle Von Fange
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Michelle Von Fange, Director
(Typed or printed name and capacity of person signing application)



**Arkansas Secretary of State
Mark Martin**

State Capitol Building ♦ Little Rock, Arkansas 72201-1094 ♦ 501-682-3409

Certificate of Good Standing

I, Mark Martin, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

SMILE FOR A LIFETIME, INC.

authorized to transact business in the State of Arkansas as a Non-Profit Corporation, filed Articles of Incorporation in this office October 1, 2008.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.



In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 26th day of February 2014.

Mark Martin

Mark Martin

Secretary of State

Online Certificate Authorization Code: d74484462a0f7bd

To verify the Authorization Code, visit sos.arkansas.gov