# F14000000991

(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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SECKETARY OF STATE
AND ANSSET FIDERINA

WA-7131

#### **COVER LETTER**

TO: New Filing Se Division of Co	rporations		
SUBJECT: $y_a$	imahachi Dens	tal Products	USA, Inc.
<del></del>	Name of corporat	ion - must include suffix	
Dear Sir or Madam:			
"Certificate of Existen	tion by Foreign Corporation ce," or "Certificate of Good S gn corporation to transact bus	Standing" and check are sub	
Please return all corres	pondence concerning this ma	itter to the following:	
Lawrence	Name		
	Name	of Person	
Yama	hach, Dentel Firm/C	Products USA	tac
	Firm/C	Company	
	160 Park	Ave	
	Ac	ldress	· · · · · · · · · · · · · · · · · · ·
	Wutley 1	VJ 07011	
` '	Nutley 1 hachil C Yah	e and Zip code	
Yama	hachil C Yak	ioo. Com	
	E-mail address: (to be us	ed for future annual report r	notification)
For further information	n concerning this matter, plea	se call:	
Laurence D	on Ar	3 320 290	9
Name of Person	on Ar	ea Code & Daytime Teleph	one Number
STREET/CO	URIER ADDRESS:	MAILING A	DDRFSS:
New Filing Se		New Filing Se	
Division of Co		Division of Co	
Clifton Buildir 2661 Executiv Tallahassee, F	e Center Circle	P.O. Box 6327 Tallahassee, F	
Enclosed is a check fo	r 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**

	Yanahachi Dontal Products a	USA, Inc.
	corporation; must include "INCORPORATED," "COMPANY," "CORPOR	ATION,"
inc.," "Co.," "C	Corp," "Inc," "Co," or "Corp.")	
If name unavail	ilable in Florida, enter alternate corporate name adopted for the purpose of tra	neacting business in Florida)
State or country	under the law of which it is incorporated)  3. 7/-/0/50  (FEI number,	82
State of country	(FEI number,	if applicable)
	te of incorporation)  5.   Terretua  (Duration: Year corp. will compared to the control of the corp.)	<i>)</i>
(Date	e of incorporation) (Duration: Year corp. will c	ease to exist or "perpetual")
		· · · · · · · · · · · · · · · · · · ·
	(Date first transacted business in Florida, if prior to registration (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty	
1		
	(Principal office address)  (Principal office address)  (Overk Ace. Notley NT)  (Current mailing address)	110
	160 Vac by Variable Mit	
·	(Current mailing address)	01110
	SG/e OF dental 166 are fory (s) of corporation authorized in home state or country to be carried out in state	merchandice
(Purpose(	(s) of corporation authorized in home state or country to be carried out in state	of Florida)
	eet address of Florida registered agent: (P.O. Box NOT acceptable)	EC#
	Reka Kormendy	SSE SSE
fice Address:	281 174 "St. Art 1910	5 AM 6: 59  RY OF STATE SEE FLORIDA
	Sunny Isles Beach, Florida 3316 (City) (Zip code)	S S S
	(City), Florida (7 in code)	55 NOA
	(Zip code)	

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.

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 Lawrence Chairman: Vice Chairman: \_ K o Director: \_ Address: \_\_\_ Director: Address: \_\_ **B. OFFICERS** Notley NJ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. Lawrence Greenwald

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

### STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY FILING CERTIFICATE (CERTIFIED COPY)

Corporation Name:

YAMAHACHI DENTAL PRODUCTS USA INC

Business Id:

0400149672

Certificate Number:

6000025139

I, THE TREASURER OF THE STATE OF NEW JERSEY, DO HEREBY CERTIFY, THAT THE ABOVE NAMED BUSINESS DID FILE AND RECORD IN THIS DEPARTMENT AN ORIGINAL CERTIFICATE ON October 16, 2006 AND THAT THE ATTACHED IS A TRUE COPY OF THIS DOCUMENT AS THE SAME IS TAKEN FROM AND COMPARED WITH THE ORIGINAL(S) FILED IN THIS OFFICE AND NOW REMAINING ON FILE AND OF RECORD.

IN TESTIMONY WHEREOF, I HAVE HEREUNTO SET MY
HAND AND AFFIXED MY OFFICIAL SEAL AT
TRENTON, THIS
January 06, 2014 A.D.



\$ 4. m

Andrew P Sidamon - Kristoff State Treasurer

VERIFY THIS CERTIFICATE ONLINE AT

https://www1.wcsto.nj.us/TYTW\_StandingCert/JSP/Verify\_Cert.jsp

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