# F160000571S

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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12/27/16--01023--010 \*\*70.00



D. SCOTT DEC 2 9 2016

### **COVER LETTER**

<b>TO:</b> Registration Division of O					
	Dental Products, Inc				
SUBJECT:	Name of	corporation -	· must include suffix	<u>-</u>	
Dear Sir or Madam:					
"Certificate of Existe		f Good Stand	Nuthorization to Transacting" and check are sub- s in Florida.		
Please return all corr Kerry Walsh	respondence concerning	g this matter	to the following:		
		Name of P	erson		<del></del>
Incorporatetime.com,	Inc.				
		Firm/Comp	pany		<del></del> -
173 N. Main Street, St	uite 400				
		Addres	SS .		
Sayville, NY 11782					250 n
mkahn@kweo-cpa.coi		City/State an	d Zip code		16.27
		to be used for	or future annual report n	notification)	
For further informati	ion concerning this mat	ter, please ca	all:	·	7.98
Kerry Walsh	aí	800	487-8463		7 <b>7</b>
Name of Pe		Area Code	Daytime Teleph	none Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		,	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is a check	for the following amou	n <b>t</b> :			
■ \$70.00 Filing Fee	e S78.75 Filing Certificate of		\$78.75 Filing Fee & Certified Copy	S87.50 Filing Certificate of	f Status &

## 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.

GPS Dental Pro	ducts, Inc		
(Enter name of c	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	D," "C	COMPANY," "CORPORATION,"
(If name unavaila	able in Florida, enter alternate corporate nar	ne ador	oted for the purpose of transacting business in Florida)
New York		3	
(State or countr	y under the law of which it is incorporated)	J	(FEI number, if applicable)
10/5/2016		5.	
(Date	(Date of incorporation) 5		(Date of duration, if other than perpetual)
80 Suffolk Court,	(Date first transacted busines (SEE SECTIONS 607.1501 & 607. Hauppauge, NY 11788		orida, if prior to registration) F.S., to determine penalty liability)
	(Prir	icipal o	ffice address)
	(Current ma	ailing ax	ddress, if different)
. Name and stree	et address of Florida registered agent: (	P.O. B	ox NOT acceptable)
Name:	Business Filings Incorporated		
Office Address:	1200 South Pine Island Road		
	Plantation		33324 Florida
	(City)		(Zip code)

#### 9. 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.

Mary & Spalinger, Asst. Secretary
(Registered agent's signature)

10. 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.

11. Names and business addresses of officers and/or directors:

A. DIRI	ECTORS
Chairman	Glenn Meltzer
Address:	80 Suffolk Court, Hauppauge, NY 11788
_	
Vice Chair	Andrew Parker rman;
Address:	80 Suffolk Court, Hauppauge, NY 11788
Director:	Glenn Meltzer
Address:	80 Suffolk Court, Hauppauge, NY 11788
Director:	Andrew Parker
	80 Suffolk Court, Hauppauge, NY 11788
	Glenn Meltzer  80 Suffolk Court, Hauppauge, NY 11788
Vice Presi	Andrew Parker dent:
	80 Suffolk Court, Hauppauge, NY 11788
Secretary:	Andrew Parker
Address:	80 Suffolk Court, Hauppauge, NY 11788
Treasurer:	Glenn Meltzer
Address: .	80 Suffolk Court, Hauppauge, NY 11788
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/or directors.
12	Mu fill
are true a	Signature of Director or Officer er or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein nd that he or she is aware that false information submitted in a document to the Department of State constitutes gree felony as provided for in s.817.155, F.S.
13. Glenn	n Meltzer C
	(Typed or printed name and capacity of person signing application)

# State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of GPS DENTAL PRODUCTS, INC was filed on 10/05/2016, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.





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WITNESS my hand and the official seal of the Department of State at the City of Albany, this 01st day of December two thousand and sixteen.

Brendan W. Fitzgerald

Executive Deputy Secretary of State