

F17000001239

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

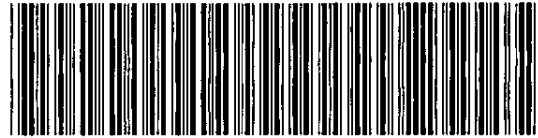
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

2017 MAR 15 PM 3:36

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D. BRUCE
MAR 16 2017

Blumling+Gusky
ATTORNEYS AT LAW

436 Seventh Avenue
1200 Koppers Building
Pittsburgh, PA 15219

T : 412.227.2500
F : 412.227.2050
W : bglaw-llp.com

MEAGAN E. TRUONG
MTRUONG@BGLAW-LLP.COM

March 7, 2017

Sent via Certified Mail

Registration Section
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

Re: Dental Systems, Inc.

To Whom it May Concern:

Please find enclosed the required Cover Letter, Application by Foreign Corporation for Authorization to Transact Business in Florida, Good Standing Certificate, and a check in the amount of Seventy Dollars and 00/100 (\$70.00) in order to authorize Dental Systems, Inc. to transact business in the state of Florida. Please be advised that the attached Good Standing certificate is considered an original in the Commonwealth of Pennsylvania.

If there are any issues or if you require anything further, please do not hesitate to call me at (412) 227-2508.

Very truly yours,

BLUMLING & GUSKY, LLP

Meagan Truong
Meagan E. Truong, Esq.

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2017 APR 15 PM 3:36
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dental Systems, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Meagan E. Truong, Esq.

Name of Person

Blumling & Gusky, LLP

Firm/Company

436 7th Avenue, 1200 Koppers Building

Address

Pittsburgh, PA 15219

City/State and Zip code

mtruong@bglaw-llp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Meagan E. Truong

412

227-2508

at ()

Name of Person

Area Code

Daytime Telephone 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 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

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TALLAHASSEE, FLORIDA

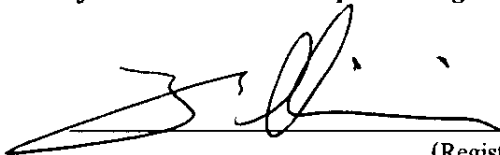
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*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.*

1. Dental Systems, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Pennsylvania 3. 25-1448589
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 11/28/1983 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 220 S Main Street, Suite 407, Butler, PA 16001
(Principal office address)
- 15611 New Hampshire Court, Fort Myers, FL 33908
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Louis F. Rosellini
- Office Address: 15611 New Hampshire Court
- Fort Myers, Florida 33908
(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.



(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.

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

A. DIRECTORS

Chairman: Louis F. Rosellini
15611 New Hampshire Court
Address: Fort Myers, FL 33908

Vice Chairman: _____

Address: _____

Director: Louis F. Rosellini
15611 New Hampshire Court
Address: Fort Myers, FL 33908

Director: _____

Address: _____

B. OFFICERS

President: Louis F. Rosellini
15611 New Hampshire Court
Address: Fort Myers, FL 33908

Vice President: _____

Address: _____

Secretary: Louis F. Rosellini
15611 New Hampshire Court, Fort Myers, FL 33908
Address: _____

Treasurer: Louis F. Rosellini
15611 New Hampshire Court, Fort Myers, FL 33908
Address: _____

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

12. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. Louis F. Rosellini

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

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

03/03/2017

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Dental Systems, Inc.

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set
my hand and caused the Seal of the Secretary's
Office to be affixed, the day and year above written

Pedro A. Contes

Secretary of the Commonwealth

Certification Number: TSC170303131175-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify.aspx>