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SECRETARY OF STATE

D. SCOTT JUN 2 0 2017

## **COVER LETTER**

TO: Registration Section Division of Corpo				
SUBJECT: LumaDer	nt, Inc.			
50 <b>5</b> 0201.		corporation - i	nust include suffix	
Dear Sir or Madam:				
The enclosed "Applicatio "Certificate of Existence, above referenced foreign	" or "Certificate of	f Good Standi	ng" and check are subr	
Please return all correspo	ndence concerning	g this matter to	the following:	
Jose Gallardo				
		Name of Pe	rson	
LumaDent, Inc.				
		Firm/Compa	ny	
10593 Double R Blvd				
		Address		
Reno, NV 89521				
	(	City/State and	Zip code	
JoseG@LumaDent.com				
	E-mail address: (	to be used for	future annual report n	otification).
For further information co	oncerning this mat	ter, please cal	1:	F1 ECRETA LLAHA
Jose Gallardo	at	, 775	829-4488 ext 101	HASSEL TO THE Number To The Nu
Name of Person		Area Code	Daytime Teleph	none Number.
				1: 51 1: 51
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	he following amou	nt:		
□ \$70.00 Filing Fee	□ \$78.75 Filing 1 Certificate of		\$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

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.	LumaDent, Inc	maDent, Inc						
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")							
	(If name unavails	able in Florida, enter alternate corporate name ad	opted for the purpose of transacti	ng business in Florida)				
2.	NEVADA							
	(State or countr	y under the law of which it is incorporated)	(FEI number, if a	pplicable)				
4.	12/08/2009	incorporation)  5. (Date of duration, if other than perpetual						
	(Date	of incorporation)	(Date of duration, if other	(Date of duration, if other than perpetual)				
6.								
	40500 D. I.I. S	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502		lity)				
7.	10593 Double F	R Blvd, Reno, NV 89521	· · · · · · · · · · · · · · · · · · ·					
		(Principal	office address)					
		(Current mailing	address, if different)					
8.	Name and street	et address of Florida registered agent: (P.O.	Box NOT acceptable)					
	Name:	Registered Agents Inc.						
Office Address:		3030 N. Rocky Point Dr. STE 150A		15. S.				
		Татра	Florida 33607					
		(City)	, Florida <u>33607</u> (Zip code)	多 6 円				
H de	aving been namesignated in this	ent's acceptance: ned as registered agent and to accept service application, I hereby accept the appointme comply with the provisions of all statutes rel	ent as registered agent and ag	ree to act in this capacity.				
		familiar with and accept the obligations of i						

(Registered agent's signature)

Bill Havre

Registered Agents Inc.

- Assistant Secretary

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. DIRECTORS Chairman: Duong Ton Address: 314 W 5th St, Carson City, NV 89703 Vice Chairman: Address: Director: \_\_ Address: Address: **B. OFFICERS** President: Duong Ton Address: 314 W 5th St, Carson City, NV 89703 Vice President: Address: \_ Secretary: Duong Ton Address: 314 W 5th St, Carson City, NV 89703 Treasurer: Duong Ton Address: 314 W 5th St, Carson City, NV 89703 NOTE: If necestary, 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 gelony as provided for in s.817.155, F.S.

13. Duong Ton | CEO

SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, LUMADENT, INC, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since December 8, 2009, and is in good standing in this state.

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IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of States at my office on June 12, 2017.

Barbara K. Cegerste

Barbara K. Cegavske Secretary of State

Electronic Certificate
Certificate Number: C20170612-0432
You may verify this electronic certificate
online at http://www.nvsos.gov/