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(Re	questor's Name)					
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PICK-UP	WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to Filing Officer:						
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DIVISION OF CORPORATIONS

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July 13, 2017

ANGELA DORSEY 1227 W WALNUT ST ROGERS, AR 72756

SUBJECT: DORSEY DENTAL LAB, INC.

Ref. Number: W17000057935

We have received your document for DORSEY DENTAL LAB, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons Regulatory Specialist II

Letter Number: 417A00014180

Thank you,

The corrected document
is inclosed.

COVER LETTER

TO:	Registration Section Division of Corporations				
	Dorsey Dental Lab, Inc.				
SUBJ	ECT:				
		ame of corporati	on - mu	ist include suffix	
Dear S	Sir or Madam:				
"Certi	nclosed "Application by Foreig ficate of Existence," or "Certi- referenced foreign corporation	ficate of Good S	tanding	" and check are subm	
	return all correspondence cor a Dorsey	cerning this ma	iter to th	ne following:	
		Name	of Perso	on	
Dorsey	Dental Lab, Inc.				
		Firm/C	ompany		
1227 V	V. Walnut St.				
Rogers	s, AR 72756	Ad	dress		
angied	orsey@sbcglobal.net	City/State	e and Zi	p code	
	E-mail ad	dress: (to be use	d for fu	iture annual report no	tification)
					,
For fu	rther information concerning t	his matter, pleas	e call:		
Angela Dorsey		479	621-8885		
	Name of Person	at (Area C		Daytime Telepho	one 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	
Enclos	sed is a check for the following	g amount:			
□ \$70		Filing Fee & cate of Status		3.75 Filing Fee & rtified 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. Dorsey Dental Lab, Inc. ١. (Enter name of corporation; must include "INCORPORATED." "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc," "Co," or "Corp.") Dorsey Dental Lab (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 20-2247220 (State or country under the law of which it is incorporated) (FEI number, if applicable) 2. (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1960 E. Bay Drive, Largo, FL 33771 (Principal office address) 1227 W. Walnut Street, Rogers, AR 72756 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Richard Dorsey Name: 1960 E. Bay Drive Office Address: Largo FL 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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Richard Dorsey Chairman: 1227 W. Walnut St. Address: Rogers, AR 72756 Angela Dorsey Vice Chairman: 1227 W. Walnut St. Address: Rogers, AR 72756 Director: Address: _ Director: _ Address: **B. OFFICERS** Richard Dorsey President: 1227 W. Walnut St. Address: Rogers, AR 72756 Richard Dorsey Vice President: 1227 W. Walnut St. Address: Rogers, AR 72756 Angela Dorsey Secretary: 1227 W. Walnut St., Rogers, AR 72756 Address: Angela Dorsey Treasurer: 1227 W. Walnut St., Rogers, AR 72756 Address: 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 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.

Angela Dorsey, Secretary-Treasurer Dorsey Dental Lab, Inc.



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

DORSEY DENTAL LAB, INC.

authorized to transact business in the State of Arkansas as a For Profit Corporation, filed Articles of Incorporation in this office January 26, 2005.

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 10th day of July 2017.

Mark Martin

Mark Martin

Secretary of State Chimic Certificate Authorization Code: Obde05dfcdceecb

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