

# F18000003608

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

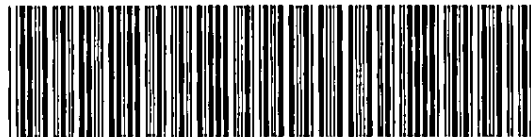
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

00647

W18-56073

Office Use Only



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06/11/18--01037--018 \*\*70.00

2018 JUL 27 PM 4:41  
B. FIGUEROA

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AUG 07 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 15, 2018

AHMAD EZZEDIN  
5302 68TH ST  
MASPETH, NY 11378

SUBJECT: PERFECT CROWN DENTAL LAB INC.  
Ref. Number: W18000056073

We have received your document for PERFECT CROWN DENTAL LAB INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Brittany M Figueroa  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 018A00012553

**FAX COVER SHEET**

TO	Florida Division of Corp
COMPANY	
FAX NUMBER	18502456030
FROM	Accountants on Air LLC
DATE	2018-07-27 20:19:58 GMT
RE	Certificate of Status

**COVER MESSAGE**

tail by Entity Name  
Rejected Filing  
PERFECT CROWN DENTAL LAB INC.  
Filing Information  
Document Number  
W18000056073  
Filed Date  
06/15/2018  
Expire at Usual Time  
Y  
Penalty Fee  
00.00  
Associated Document Number

Document Type  
FOREIGN CORP  
Filed By  
AHMADEZZEDIN

*Brittany*

RECEIVED  
2018 JUL 27 PM 4:44  
18502456030

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Perfect Crown Dental Lab 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:

Ahmad Ezzedin  
Name of Person

Perfect Crown Dental Lab Inc.  
Firm/Company

5302 68th Street  
Address

Maspeth, NY 11378  
City/State and Zip code

Info @ accs on air . com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mohamed Duridar at (            ) 800-518-1063 Ext. 700  
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

**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. Trust Dental Services Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Perfect Crown Dental Lab Inc.  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New York 3. 27-3993007  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/17/2010 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. 06/15/2012  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1015 W Newport Center Dr. Suite 101, Deerfield Beach, FL 33442  
(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Ahmad Ezzedin

Office Address: 1015 W Newport Center Dr. Suite 101

Deerfield Beach, Florida 33442  
(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.*

Ahmad Ezzedin  
(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: Ahmad Ezzedin

Address: 1015 W Newport Center Dr. Num 104  
Deerfield Bch, FL 33442

Vice Chairman: Hisham Albatarni

Address: 13965 Lost Oaks Lane  
Boca Raton FL 33498

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Ahmad Ezzedin

Address: 1015 West Newport Center Dr. Num 104  
Deerfield Bch, FL 33442

Vice President: Hisham Albatarni

Address: 13965 Lost Oaks Lane  
Boca Raton FL 33498

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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

12. Ahmad Ezzedin

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.

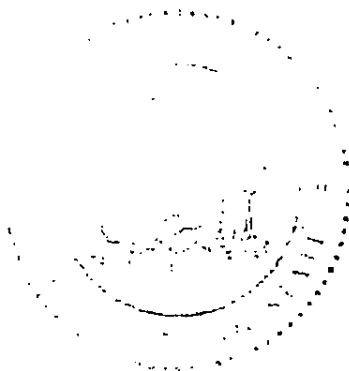
13. Ahmad Ezzedin, President

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

2010 JUL 27 PM 4:41

**State of New York**  
**Department of State** } ss:

I hereby certify, that the Certificate of Incorporation of PERFECT CROWN DENTAL LAB INC. was filed on 11/17/2010, 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.



\*\*\*

*WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 19th day of July two  
thousand and eighteen.*

*Brendan W. Fitzgerald  
Executive Deputy Secretary of State*