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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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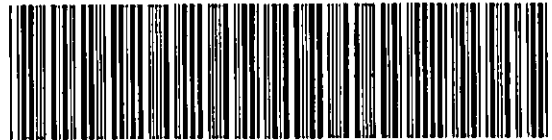
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/14/19--01018--016 **87.50

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2019 JAN 14 PM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

50
1/17/19

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: American Association of Women Dentists, Inc
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Jon Dancy

Name of Person

International AMC

Firm/Company

7794 Grow Drive

Address

Pensacola Florida 32514

City/State and Zip Code

Jon.dancy@InternationalAMC.com

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

For further information concerning this matter, please call:

Jon Dancy

Name of Person

at (850)

Area Code

484 9987

Daytime Telephone Number

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:

1. American Association of Women Dentists Inc
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Illinois 3. 36-3480105
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. January 10th 1986 5. Perpetual
(Date of Incorporation) (Date of duration, if other than perpetual)
6. 1-1-19
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 7794 Graw Drive Pensacola, Florida 32514
(Principal office address)

(Current mailing address, if different)

8. To Educate and promote the Knowledge of Women dentist
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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

Name: Jon Dancy
Office Address: 7794 Graw Drive
Pensacola, Florida 32514
(City) (Zip Code)

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10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation in 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.

Jon Dancy
(Registered agent's signature)

11. 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.

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

~~Executive~~ Director: Donna Deans CMP

Address: 7794 Grow Drive

Pensacola, Florida 32514

Director: _____

Address: _____

B. OFFICERS

President: Brittany Bergeron, DDS

Address: 33 E. Hamburg St.

Baltimore, MD 21230

Vice President: _____

Address: _____

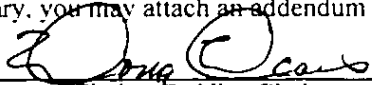
Secretary: Tanya Gibson, DDS

Address: 650 EAST 25th Street, Kansas City, MO 64108

Treasurer: Elizabeth Ramos, DDS

Address: 100 Steele St, Apt. 906 Denver CO 80206

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

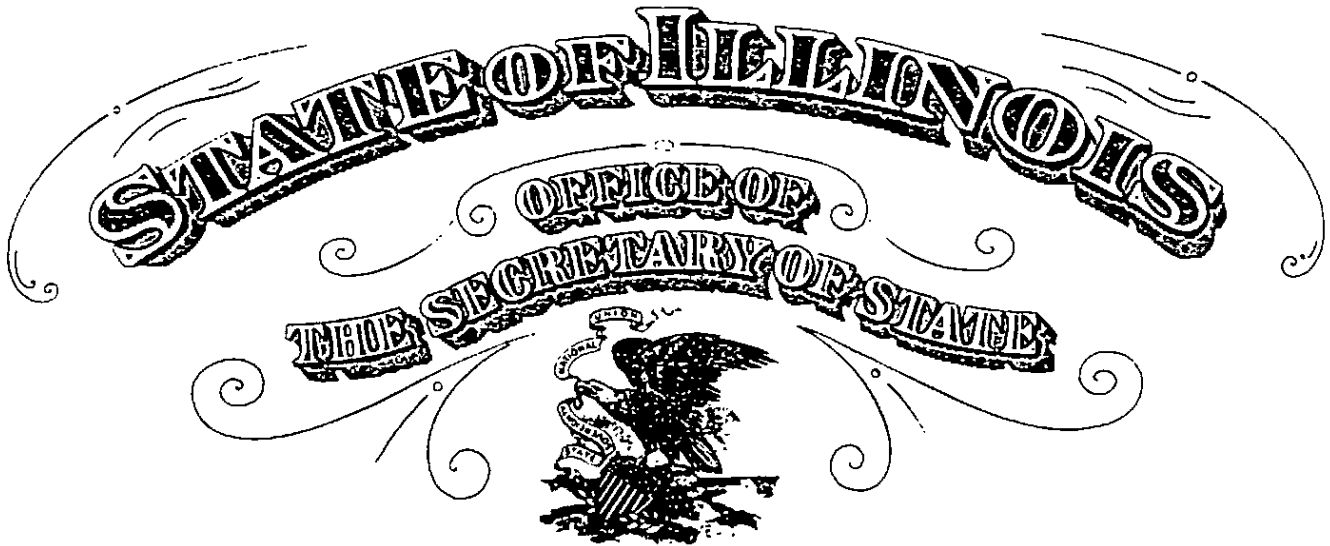
13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Donna Deans, Executive Director
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

File Number

5410-567-3



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

AMERICAN ASSOCIATION OF WOMEN DENTISTS, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 10, 1986, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 10TH
day of JANUARY A.D. 2019 .

Jesse White

SECRETARY OF STATE