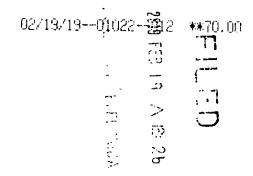
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_	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:

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COVER LETTER

Т0:	Registration Sec Division of Corp					
etini	Mid Amer	ica Dental Group of Mai	yland, PC 1	ne.		
SUBJ	ECT:	Name of cor	poration -	must include suffix		
Dear S	ir or Madam:				-	2019
"Certif	icate of Existence	on by Foreign Corpora," or "Certificate of G corporation to transa	ood Stand	ing" and check are su	act Business in Fl bmitted to registe	orida."
Please	return all correspo	ondence concerning th	is matter t	the following:	· 	ン
	Guevara				<u> </u>	(3) (3)
Still S	and a Decad C		Vame of Pe	rson		3
Alid Ar	nerica Dental Group	of Maryland, PC				
1499 W	indhorst Way, Suit		irm/Compa	uny		_
Greenw	ood, IN 46143		Address		_	
mgueva	ra@mahweb.com	City	State and	Zip code		
	<u> </u>	E-mail address: (to l	oe used for	future annual report	notification)	
For furt	her information c	oncerning this matter,	please cal	1:		
Marci C	iuevara		17	452-4357		
	Name of Person		rea Code	Daytime Telep	ohone Number	
	STREET/COUF Registration Sect Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL	orations Jenter Circle		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	Section orporations 7	
Enclose	d is a check for th	e following amount:				
3 \$70.	00 Filing Fee	☐ \$78.75 Filing Fee Certificate of Stat		78.75 Filing Fee & Certified Copy	S87.50 Filit Certificate Certified C	of Status &

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	ntal Group of Maryland, PC Inc.				_
	orporation; must include "INCORPORAT orp," "Inc." "Co." or "Corp.")	ED," "COMPANY," "CORPORATION,"			
(If name unavaila	ble in Florida, enter alternate corporate na	ame adopted for the purpose of transacting bu	isiness in	Florida)	_
Manufand		30.0751072			
11/09/2011		3. (FEI number, if applie			-
·(Date	of incorporation)	5. (Date of duration, if other than	n perpetu	al)	
).				2919	
		ess in Florida, if prior to registration) 07.1502, F.S., to determine penalty liability)		:3	Tarana 1 1 1 1
1499 Windhorst V	Vay, Suite 120, Greenwood, IN 46143			ے	~ og
	(Pr	incipal office address)		>	· · · · · · · · · · · · · · · · · · ·
			<u>:</u>	15 15	
	(Current II	nailing address, if different)	¥.	Ü	
. Name and stree	t address of Florida registered agent:	(P.O. Box NOT acceptable)			
Name:	Corporation Service Company				
Office Address:	1201 Hays Street				
		. Florida			
	(City)	(Zip code)			
Having been nam lesignated in this further agree to co	application, I hereby accept the appo comply with the provisions of all statu	service of process for the above stated cointment as registered agent and agree test relative to the proper and complete possion as registered agent.	to act in	this cap	acity.
	Corporation Service Company				
	Sym august	Sylvia Queppet, Asst. Vid	<u>ce</u> Presi	dent	
	(Registe	ered 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:

Chairman: 1499 Windhorst Way, Suite 120, Greenwood, IN 46143 Vice Chairman:
Vice Chairman: Address: Director: Address:
Vice Chairman: Address: Director: Address:
Address: Director: Address:
Director:
Director:
Address:
Director:
Address:
B. OFFICERS
Michael Valancius President:
1499 Windhorst Way, Suite 120, Greenwood, IN 46143 Address:
Vice President:
Address:
Detected Manualty
Patrick Murphy Secretary: 1499 Windhorst Way, Suite 120, Greenwood, IN 46143
Address: Keith Walls
Treasurer: 1499 Windhorst Way, Suite 120, Greenwood, IN 46143
Address:
NOTE: If necessary you may attach an addendum to the application listing additional officers and/or directors.
12. UAY MM 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. Patrick Murphy, Secretary
(Typed or printed name and capacity of person signing application)

STATE OF MARYLAND Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT MID AMERICA DENTAL GROUP OF MARYLAND, PC (D14426977). INCORPORATED NOVEMBER 09, 2011, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS FEBRUARY 06, 2019.

Michael L. Higgs

Director



301 West Preston Street, Baltimore, Maryland 21201 Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

Online Certificate Authentication Code: svOdTJOcIU6Qtzv9NLN3Zg To verify the Authentication Code, visit http://dat.maryland.gov/verify