

FI9000005018

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

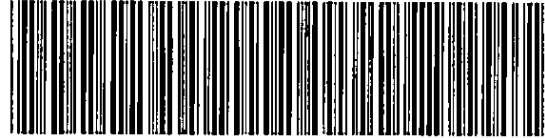
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

2018
state trans/cert/IRA
W19-66596

Office Use Only



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07/12/19-01/12/2019-01/12/2019

2019 NOV -4 PM 1:02
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NOV -5 2019
M. SOLOMON



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 22, 2019

AYMAN ALKATTAN
10344 MEADOW CROSSING DR
TAMPA, FL 33647

SUBJECT: UNIQUE DENTAL LAB INC
Ref. Number: W19000066596

We have received your document for UNIQUE DENTAL LAB INC and your check(s) totaling \$87.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a penalty fee due of \$561.25 because of the first transacted date in the state of Florida. Also, please list only one registered agent,

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 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.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 419A00014818

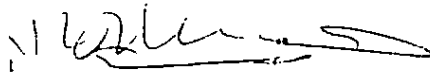
Brooke Kinsey
Division of Corporations
PO Box 6327 Tallahassee FL

My name is Ayman Alkattan I am a business owner, my business name is Unique Dental Lab
INC. I am trying to establish my corporation as foreign corporation in the state of Florida. I gave
the incorrect date when I applied for my corporation, the incorrect date was when I moved to
Tampa, Florida not when I officially established my corporation. The official establishment year
is 2019.

I have attached my good standing from Indiana as an official corporation to this letter.
Please reconsider the penalty in light of this new information.

Thank you,

Ayman Alkattan
Unique Dental Lab. INC.



2019 NOV -1 2:15 PM CST

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UNIQUE Dental Lab 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:

AYMAN - ALKATTAN - HUNADA - ALKATTAN
Name of Person

UNIQUE Dental Lab INC
Firm/Company

10344 Meadow Crossing Dr
Address

Tampa, FL 33647
City/State and Zip Code

hunada92@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HUNADA, Alkattan at (574) 329-4511
Name of Person Area Code 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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- ☐ \$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. UNIQUE Dental Lab 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.)

UNIQUE A Dental Lab INC

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

2. INDIANA Corp USA

(State or country under the law of which it is incorporated)

3. 35-165-72.92

(FEI number, if applicable)

4. FEB. 1983

(Date of Incorporation)

5. _____

(Date of duration, if other than perpetual)

6. JANUARY 3-20-18 - See note

(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 10344 Meadow Crossing Dr

(Principal office street address)

10344 Meadow Crossing Dr, Tampa, FL 33647

(Current mailing address, if different)

8. Dental Lab Fabrication Crown AND Bridges + Denture

(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: _____

hUNADA ALKALCAN

Office Address: 10344 Meadow Crossing Dr

Tampa, FL

(City)

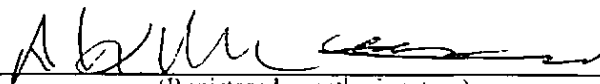
, Florida

33647

(Zip Code)

10. 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)

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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

<input checked="" type="checkbox"/> Chairman	Name: <u>AYMAN ALKATTAN</u>	<input type="checkbox"/> Chairman	Name: _____
<input type="checkbox"/> Vice Chairman	Address: <u>10344 MEADOW CROSS RD</u>	<input type="checkbox"/> Vice Chairman	Address: _____
<input type="checkbox"/> Director	<u>Dr Tampa FL 33647</u>	<input type="checkbox"/> Director	_____
<input checked="" type="checkbox"/> President	_____	<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____	<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

<input type="checkbox"/> Chairman	Name: <u>Hurda Alkattan</u>	<input type="checkbox"/> Chairman	Name: _____
<input type="checkbox"/> Vice Chairman	Address: <u>"same as above"</u>	<input type="checkbox"/> Vice Chairman	Address: _____
<input type="checkbox"/> Director	_____	<input type="checkbox"/> Director	_____
<input type="checkbox"/> President	_____	<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____	<input type="checkbox"/> Vice President	_____
<input checked="" type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

<input type="checkbox"/> Chairman	Name: _____	<input type="checkbox"/> Chairman	Name: _____
<input type="checkbox"/> Vice Chairman	Address: _____	<input type="checkbox"/> Vice Chairman	Address: _____
<input type="checkbox"/> Director	_____	<input type="checkbox"/> Director	_____
<input type="checkbox"/> President	_____	<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____	<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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

14. AYMAN - ALKATTAN
(Typed or printed name and capacity of person signing application)

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

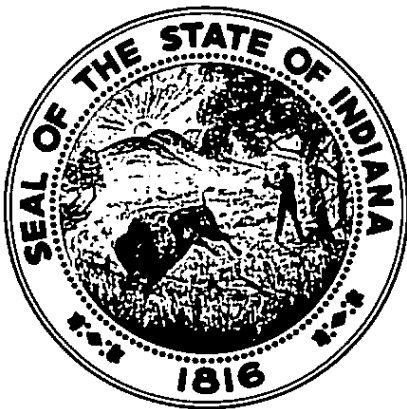
I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

UNIQUE DENTAL LAB INC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on November 13, 1985, and was in existence or authorized to transact business in the State of Indiana on October 28, 2019.

I further certify this Domestic For-Profit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, October 28, 2019

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

198511-426 / 20191158394

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on November 27, 2019.