

F2000000524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

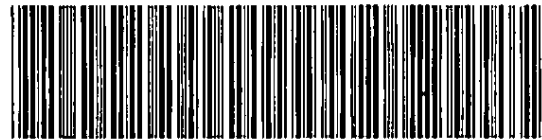
(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 JAN 28 PM 1:17

SPK
1/29/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Great Lakes Dental Technologies Ltd.
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:
Kristine Dickinson

	Name of Person
Great Lakes Dental Technologies Ltd.	
	Firm/Company
200 Cooper Avenue	
	Address
Tonawanda, NY 14150	
	City/State and Zip code
KDickinson@GreatLakesDentalTech.com	
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

Kristine Dickinson	716	871-1161
Name of Person	at (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

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**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. Great Lakes Dental Technologies, Ltd. Corp.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. New York 3. 16-0991250
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 04/06/1967 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 200 Cooper Avenue Tonawanda, NY 14150
(Principal office address)
- _____
(Current mailing address, if different)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Rd

Plantation, Florida 33324
(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.

Denise Bell

Denise Bell-Secretary

(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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: James Kunkemoeller

Address: 200 Cooper Avenue
Tonawanda, NY 14150

Vice President: William Gertner

Address: 200 Cooper Avenue
Tonawanda, NY 14150

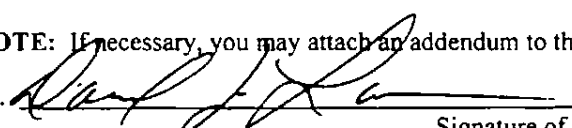
Secretary: David J. Lavin Vice President of Operations

Address: 200 Cooper Avenue Tonawanda, NY 14150

Treasurer: _____

Address: _____

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

12.  _____
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. David J. Lavin Vice President of Operations

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

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State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of GREAT LAKES DENTAL TECHNOLOGIES, LTD. was filed on 04/06/1967, under the name of GREAT LAKES ORTHODONTIC LABORATORY, INC., 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.

A Certificate of Amendment GREAT LAKES ORTHODONTIC LABORATORY, INC., changing its name to GREAT LAKES ORTHODONTIC LABORATORIES, INC., was filed 05/07/1985.

A Certificate of Amendment GREAT LAKES ORTHODONTIC LABORATORIES, INC., changing its name to GREAT LAKES ORTHODONTICS, LTD., was filed 10/25/1985.

A Certificate of Amendment GREAT LAKES ORTHODONTICS, LTD., changing its name to GREAT LAKES DENTAL TECHNOLOGIES, LTD., was filed 09/05/2018.



2020 JAN 28 PM 1:18

WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 16th day of October two
thousand and nineteen.

Brendan C Hughes

Brendan C Hughes
Executive Deputy Secretary of State



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 16, 2020

KRISTINE DICKINSON
200 COOPER AVENUE
TONAWANDA, NY 14150

SUBJECT: GREAT LAKES DENTAL TECHNOLOGIES, LTD.
Ref. Number: W20000003834

We have received your document for GREAT LAKES DENTAL TECHNOLOGIES, LTD. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The use of LIMITED or LTD. is not sufficient as a corporate designation. The name must include a word such as INCORPORATED, INC., CORPORATION or CORP.

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.

Sharon D Franklin
Regulatory Specialist II

Letter Number: 820A00001314

RECEIVED

JAN 28 2020