8/19/2020

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FOREIGN PROFIT/NONPROFIT CORPORATION? SMILE BRANDS INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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Help

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	SMILEBRANDSINC.		
(Enter name of c	orporation; must include "INCORPORATED," "Corp.," "Inc.," "Co.," or "Corp.,")	COMPANY," "CORPORATION	ON,"
(If name unavail	able in Florida, enter alternate corporate name ado	oted for the purpose of transac	(ing business in Florida)
WASHINGTOR	Л 3	91-1643507	
(State or countr	y under the law of which it is incorporated)	(FEI number, if	applicable)
. 02	/23/1994		
(Date	s of incorporation) 5.	(Date of duration, if oth	er than perpetual)
	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502		oility)
	100SpectrumCenterDrive,Suite	1500 Irvine, CA92618	
	(Principal c	office address)	
	(Current mailing a	ddress, if different)	6233
Name and street	et address of Florida registered agent: (P.O. E	tov NOT accompable)	
Name and <u>sites</u>	CTCorporationSystem	ox <u>NO1</u> acceptable)	
office Address:	1200SouthPincIslandRoad	_	· · · · · · · · · · · · · · · · · · ·
Thee radicas.	Plantation,	33324 Florida	95
		(Zip code)	••
	(City)	(
laving been nan esignated in this arther agree to c uties, and I am	ent's acceptance: ned as registered agent and to accept service is application, I hereby accept the appointment comply with the provisions of all statutes related familiar with and accept the obligations of meaning the composition of the service of	of process for the above sta at as registered agent and a tive to the proper and com y position as registered ag	gree to act in this capacity plete performance of my

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.

To: Page 4 of 5

11. Names and business addresses of officers and/or directors:

A. DIRE	
Chairman:	StevenC.Bilt
Address:	100SpectrumCenterDrive,Suite1500,Irvine,CA92618
radico.	
-	Bradley E. Schmidt
Vice Chai	rman;
Address:	100 Spectrum CenterDrive, Stute 1500, trvinc, CA 22018
Director:	
Mailton.	
Director:	
Address:	
B. OFFI	ICERS
Dearlilant	StevenC.Bilt
	100SpectrumCenterDrive,Suite1500
Audress.	Irvine,CA92618
Vice Pres	ident:
Address:	
Secretary:	Bradley E. Schmidt
	100SpectrumCenterDrive,Suite1500,Irvinc,CA92618
Treasurer	Bradley E. Schmidt
	100SpectrumCenterDrive,Suite1500,Irvine,CA92618
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/or directors.
12	\$ 64.5
The office	Signature of Director or Officer error director signing this document (and who is listed in number 11 above) affirms that the facts stated herein
are true a	and that he or she is aware that false information submitted in a document to the Department of State constitutes
	egree felony as provided for in s.817.155, F.S. StevenC.Bilt,CEO
13	(Typed or printed name and capacity of person signing application)

- 772372



Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

SMILE BRANDS INC.

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 02/23/1994.

1 FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 08/18/2020 UBINumber: 601 526 343



ZCZZESZ •

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

tin Ulyna-

Date Issued: 08/18/2020