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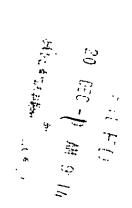
(Requestor's Name)							
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PICK-UP WAIT MAIL							
(Business Entity Name)							
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Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

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COVER LETTER

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TO:	Registration Sec	ction					
	Division of Corporations						
	DENTAL	ROBOT INC					
SUBJ	ECT:						
		Name o	of corporation	- mus	include suffix		
Dear S	ir or Madam:						
"Certif	ficate of Existence	ion by Foreign Co e," or "Certificate n corporation to tr	of Good Stan	ding"	and check are subm	Business in Florida," itted to register the	
	return all corresp JEL BARROSO	ondence concerni	ng this matter	to the	following:		
		<u> </u>	Name of	Person	- .		
DENT.	ALROBOT		,				
			Firm/Com	nany			
6421 S	MITCHELL MAN	OR CIRCLE	1 1111111111111111111111111111111111111	puny			
			Addre	ess			
PINEC	REST, FLORIDA.	. 33156					
	<u> </u>		City/State a	nd Zin	code	·	
manue	l@dentalrobot.co		Chyrotate a	110 72177	Code		
		F-mail address	· (to be used	for fut	are annual report no	tification)	
		13 man address.	. (10 02 115211			,	
For fu	rther information	concerning this m	atter, please o	:all:			
manuel@dentalrobot.co 786			786	775-1145			
manne	re-demandinaceo		at () ' ' '	7 11 12		
	Name of Perso	n	Area Cod	e	Daytime Telepho	one Number	
STREET/COURIER ADDRESS:					MAILING ADDRESS:		
Registration Section Division of Corporations				Registration Section Division of Corporations			
							Clifton Building 2661 Executive Center Circle
	2661 Executive Tallahassee, Fl				tananassee, rt.	32314	
Enclos	sed is a check for	the following amo	ount:				
	0.00 Filing Fee	☐ \$78.75 Filing	o Fee & - F	1 \$78	75 Filing Fee &	■ \$87.50 Filing Fee.	
ட ப ஏ / ்	o.oo i ning i cc	Certificate of	_		ified Copy	Certificate of Status & Certified Copy	

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. DENTALROBOT INC. 1. (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) 85-2165644 (State or country under the law of which it is incorporated) (FEI number, if applicable) 2. 09/27/2019 (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 8350 NW 52nd Ter, Suite 301 #312, Doral, FL 33166 (Principal office address) 8350 NW 52nd Ter, Suite 301 #312, Doral, FL 33166 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agents Inc. Name: 7901 4th St N. STE 300 Office Address: St. Petersburg , Florida (City)

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.

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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS MANUEL BARROSO Chairman: 6421 S MITCHEL MANOR CIRCLE, PINECREST, FL, 33156 Address: Address: Director: Address: **B. OFFICERS** MANUEL BARROSO President: 6421 S MITCHEL MANOR CIRCLE, PINECREST, FL, 33156 Address: Vice President: Secretary: Address: ______ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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

Manuel Borroso (President (Director)
(Typed or printed name and capacity of person signing application)

a third degree felony as provided for in s.817.155, F.S.

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "DENTALROBOT INC." IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTIETH DAY OF NOVEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DENTALROBOT INC." WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF SEPTEMBER, A.D. 2019.

eat corn delaware gov/aut

Authentication: 204129406

Date: 11-20-20