F23000002613

(F	Requestor's Name)	
(A	Address)	
(A	Address)	
(C	City/State/Zip/Phone #)
PICK-UP	WAIT	MAIL.
(Ε	Business Entity Name)	
(E	Document Number)	
. Copies	Certificales	of Status
:I Instructions to Fi	ling Officer:	
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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

05/03/23

NAME: DENTECH, INC

TYPE OF FILING: APPLICATION

COST:

70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: **FCA000000015**

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

	tration Section ion of Corporations		
SUBJECT:	DENTECH, INC.		
SODODE	Name of c	orporation - n	nust include suffix
Dear Sir or M	ladam:		
"Certificate o	"Application by Foreign Corport Existence," or "Certificate of aced foreign corporation to trans	Good Standin	thorization to Transact Business in Florida," ag" and check are submitted to register the in Florida.
Please return	all correspondence concerning	this matter to	the following:
Katie Koehle			
		Name of Pe	rson
Barley Snyder	LLP		
		Firm/Compa	ny
126 East King	g Street		
		Address	
Lancaster, PA	17602		
	(City/State and	Zip code
kkoehle@bar	ley.com		
-	E-mail address: (to be used for	future annual report notification)
For further i	nformation concerning this mat	ter, please cal	l:
Katie Koehle	;	:(399-1507
Nar	me of Person	Area Code	Daytime Telephone Number
Reg Div The 241	REET/COURIER ADDRESS: istration Section ision of Corporations Centre of Tallahassee 5 N. Monroe Street, Suite 810 lahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is Please make \$70.00 F	a check for the following amount check payable to: PLORIDA DEI Filing Fee	PARTMENT (Fee & \Box	OF STATE \$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certified Copy 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.

	orporation; must include "INCORPORATI orp," "Inc," "Co," or "Corp.")	ED," "COMPANY," "CORPORATIO	N,"
(If name unavail	ble in Florida, enter alternate corporate na	me adopted for the purpose of transactir	ng business in Florida)
Pennsylvania		3	
(State or count	y under the law of which it is incorporated) (FEI number, if ap	plicable)
May 2, 1985		5	
(Date	of incorporation)	5(Date of duration, if other	than perpetual)
N/A			
		ss in Florida, if prior to registration) 7.1502, F.S., to determine penalty liabil	ity)
1975 N. Reading	Road, Denver, PA 17517	·	
<u> </u>		office street address)	
	(Current me	ailing address, if different)	
	(Current ma	ailing address, if different)	
None and atra	,		
Name and stre	t address of Florida registered agent: (
Name and <u>stre</u> Name:	,		
Name:	t address of Florida registered agent: (
Name:	t address of Florida registered agent: (Cogency Global Inc. 115 North Calhoun Street, Suite 4	(P.O. Box <u>NOT</u> acceptable)	202 SE
	t address of Florida registered agent: (Cogency Global Inc. 115 North Calhoun Street, Suite 4		2023 HA SECONT
Name: fice Address: Registered ag	ct address of Florida registered agent: (Cogency Global Inc. 115 North Calhoun Street, Suite 4 Tallahassee (City)	(P.O. Box NOT acceptable) , Florida 32301 (Zip code)	SECON LALCAS
Name: fice Address: Registered agreed agreed been name	ct address of Florida registered agent: (Cogency Global Inc. 115 North Calhoun Street, Suite 4 Tallahassee (City) ent's acceptance: ed as registered agent and to accept so	(P.O. Box NOT acceptable) , Florida 32301 (Zip code) ervice of process for the above state	a corporation a ni ne
Name: fice Address: Registered agoving been namesignated in this	ct address of Florida registered agent: (Cogency Global Inc. 115 North Calhoun Street, Suite 4 Tallahassee (City) ent's acceptance: ed as registered agent and to accept so application, I hereby accept the appo	(P.O. Box NOT acceptable) , Florida	ee to act in this capa
Name: fice Address: Registered agreing been nan signated in this rther agree to de	ct address of Florida registered agent: (Cogency Global Inc. 115 North Calhoun Street, Suite 4 Tallahassee (City) ent's acceptance: ed as registered agent and to accept so application, I hereby accept the appointment of all statut	(P.O. Box NOT acceptable) , Florida 32301, Code) ervice of process for the above state intment as registered agent and agries relative to the proper and comple	a corporation a t in e ee to act in this:sapa
Name: fice Address: Registered agreing been nan signated in this rther agree to de	Cogency Global Inc. 115 North Calhoun Street, Suite 4 Tallahassee (City) ent's acceptance: ed as registered agent and to accept so application, I hereby accept the appointment of the provisions of all statut with and accept the obligations of my	(P.O. Box NOT acceptable) , Florida 32301, Code) ervice of process for the above state intment as registered agent and agries relative to the proper and comple	a corporation at the ee to act in this capa te performance of m
Name: fice Address: Registered agoving been nansignated in this	Cogency Global Inc. 115 North Calhoun Street, Suite 4 Tallahassee (City) ent's acceptance: ed as registered agent and to accept so application, I hereby accept the appointment of the provisions of all statut with and accept the obligations of my	(P.O. Box NOT acceptable) , Florida 32301, Code) ervice of process for the above state intment as registered agent and agries relative to the proper and comple	a corporation artine ee to act in this capa
Name: fice Address: Registered agreing been nan signated in thir	ct address of Florida registered agent: (Cogency Global Inc. 115 North Calhoun Street, Suite 4 Tallahassee (City) ent's acceptance: ed as registered agent and to accept so application, I hereby accept the appoint of all statut with and accept the obligations of my Wattener	(P.O. Box NOT acceptable) , Florida 32301, Code) ervice of process for the above state intment as registered agent and agries relative to the proper and comple	a corporation at the ee to act in this capa te performance of m

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.

A. DIRECTORS	Staven Rom		K. Jonathan Fry
]Chairman	Name: Steven Rapp	□ Chairman	Name:
∃Vice Chairman	Address:	☐ Vice Chairman	Address: 29 Brusen Drive
□Director	Reinholds, PA 17569	□Director	Lititz, PA 17543
President		□President	
□Vice President		■Vice President	
☐Secretary	☐ Treasurer	■ Secretary	Treasurer
]Other	Other	Other	□Other □
	Name:	□Chairman	Name:
□Vice Chairman	Address:	□ Vice Chairman	Address:
□ Director		□Director	
□President		□President	
□Vice President		□ Vice President	
Secretary	□Treasurer	☐ Secretary	☐Treasurer
Other	Other	Other	Other
□ Chairman	Name:	☐ Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		Director	
□President		□President	
□ Vice President		□Vice President	
☐ Secretary	☐ Treasurer	□ Secretary	☐ Treasurer
□Other	□ Other	Other	□Other □
Important Notice individuals may b	Use an attachment to report more than six (6). The added to the index when filing your Florida Dep	partment of State Annual R	deport form.
12.		Se Tream	1000
	Signature of Dire	ector of Officer	that the facts stated herein are true and the

Pennsylvania Department of State

Bureau of Corporations and Charitable Organizations PO Box 8722 | Harrisburg, PA 17105-8722 T:717-787-1057 dos.pa.gov/BusinessCharities

Regarding: DENTECH, INC.

Request Type: Subsistence Certificate Issuance Date: May 02, 2023

Request No.: 014501514 **File No.**: 0000867691

Receipt No.: 000499478

Filing Type: Domestic Business Corporation

Filing Subtype: Business

Initial Filing Date: May 02, 1985

Status: Active

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

DENTECH, INC.

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the seal of my office to be affixed, the day and year above written

Men Sahon

Albert Schmidt

Acting Secretary of the Commonwealth