

F24000002531

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

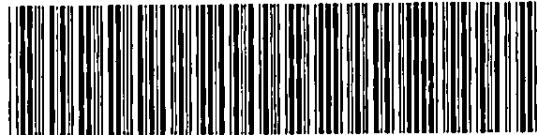
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

W24-73751

Office Use Only



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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
24 MAY 10 PM 4:02

RECEIVED
MAY 10 PM 4:02

ALLIANCE, Illinois



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 13, 2024

CT

SUBJECT: CLOUD DENTISTRY, INC.
Ref. Number: W24000073751

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

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

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.

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

Letter Number: 524A00010393

CT CORP
(850) 656-4724
3458 Lakesore Drive
Tallahassee, FL 32312

Date: 05/10/2024
Acc#I20160000072

encl DS/H

Name:	Cloud Dentistry, Inc.
Document #:	
Order #:	15554338 - 12

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
Plain Copy:	<input type="checkbox"/>			
Certificate of Good Standing:	<input type="checkbox"/>			
Certified Copy of	<input type="checkbox"/>			
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:		
		Number of Certs:		

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>	Email Address for Annual Report Notifications:		
	Plain: <input type="checkbox"/>	<i>june@clouddentistry.com</i>		
	COGS: <input type="checkbox"/>			

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **78.75**

Thank you!

**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. Cloud Dentistry, Inc.

(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. Delaware 3. 47-3134619
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/09/2020 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. One Washington Mall, #1269, Boston, MA 02108
(Principal office street address)

(Current mailing address, if different)

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

Name: InCorp Services, Inc.

Office Address: 3458 Lakeshore Drive

Tallahassee , Florida 32312
(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.

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
24 MAY 10 PM 4:02

A. DIRECTORS.

<input type="checkbox"/> Chairman	Name: <u>Roberto Tepichin III,</u>
<input type="checkbox"/> Vice Chairman	Address: <u>One Washington Place, #1269</u>
<input checked="" type="checkbox"/> Director	<u>Boston, MA 02108</u>
<input type="checkbox"/> President	<u> </u>
<input type="checkbox"/> Vice President	<u> </u>
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Chairman	Name: <u>Cheyenne Ellis Welker</u>
<input type="checkbox"/> Vice Chairman	Address: <u>One Washington Place, #1269</u>
<input checked="" type="checkbox"/> Director	<u>Boston, MA 02108</u>
<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Chairman	Name: <u>Shervin Molayem</u>
<input type="checkbox"/> Vice Chairman	Address: <u>One Washington Place, #1269</u>
<input checked="" type="checkbox"/> Director	<u>Boston, MA 02108</u>
<input type="checkbox"/> President	<u> </u>
<input type="checkbox"/> Vice President	<u> </u>
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other	<input type="checkbox"/> Other

<input type="checkbox"/> Chairman	Name: <u>Patrick J. Connolly</u>
<input type="checkbox"/> Vice Chairman	Address: <u>c/o Foley Hoag LLP</u>
<input type="checkbox"/> Director	<u>Seaport West, 155 Seaport Blvd.,</u>
<input type="checkbox"/> President	<u>Boston, MA 02210</u>
<input type="checkbox"/> Vice President	<u> </u>
<input checked="" type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other	<input type="checkbox"/> Other

<input type="checkbox"/> Chairman	Name: <u>Nick Werthessen</u>
<input type="checkbox"/> Vice Chairman	Address: <u>One Washington Place, #1269</u>
<input type="checkbox"/> Director	<u>Boston, MA 02108</u>
<input type="checkbox"/> President	<u></u>
<input type="checkbox"/> Vice President	<u></u>
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input checked="" type="checkbox"/> Other <u>COO</u>	<input type="checkbox"/> Other <u></u>

12. Roberto Tepichin
2871FEE:500E4E4

17 | Roberto | 4

2871EEE:500E4E4

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. Roberto Tepichin III, President

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

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CLOUD DENTISTRY, 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 TENTH DAY OF MAY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

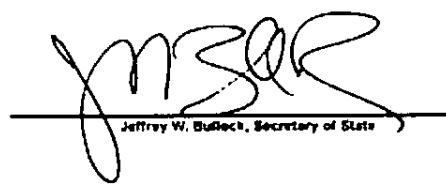
AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



5476010 8300

SR# 20242017529

You may verify this certificate online at corp.delaware.gov/authver.shtml



Jeffrey W. Bullock, Secretary of State

Authentication: 203444162

Date: 05-10-24