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Requestor's Name

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City

State

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Phone

CORPORATION(S) NAME

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Innovative Dental and Surgical Products, Inc.

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
56 SEP 13 1966

(-)-Profit

☐ NonProfit

() Limited Liability Company

() Amendment

☐ Merger

(-) Foreign

() Dissolution/Withdrawal

() Mark

☐ Limited Partnership

() Annual Report

() Other

() Reinstatement

() Reservation

() Change of R.A.

(). Limited Liability Partnership

() Fictitious Name

Certified Copy

() Photo Copies

~~KL~~CUS

() Call When Ready

() Call if Problem

() After 4:30

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☐ Will Wait

~~✓~~ Pick Up

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REF

**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. Innovative Dental and Surgical Products, Inc.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Delaware
(State or country under the law of which it is incorporated)
3. Applied For
(FEI number, if applicable)
4. August 12 1995 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon Filing of Application
(Date first transacted business in Florida. (See sections 607.1501, 607.1502 and 817.156, F.S.))
7. 201 North University Drive, Suite 101
Plantation, Florida 33324
(Current mailing address)
8. Marketing and Sale of Dental and Surgical Products
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent:

Name: Raul Mena

Office Address: 201 North University Drive
Plantation, Florida, 33324
(Zip Code)
10. Registered agent 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) (Officer)
Raul Mena, President
(Type Name and Title of Officer)

11. 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.

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Raul Mena

Address: 201 North University Drive
Suite 101
Plantation, Florida

Director: Sara Mena

Address: 201 North University Drive
Suite 101
Plantation, Florida 33324

B. OFFICERS

President: Raul Mena

Address: 201 North University Drive
Suite 101
Plantation, Florida 33324

Vice President: Sara Mena

Address: 201 North University Drive
Suite 101
Plantation, Florida 33324


Secretary: Raul Mena

Address: 201 North University Drive
Suite 101
Plantation, Florida 33324

Assistant Secretary: Sara Mena
201 North University Drive
Suite 101
Plantation, Florida 33324

Treasurer: Sara Mena
201 North University Drive, Suite 101
Address: Plantation, Florida 33324
Assistant Treasurer: Raul Mena
201 North University Drive, Suite 101
Plantation, Florida 33324

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

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. Raul Mena, President
(Typed or printed name and capacity of person signing application)

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INNOVATIVE DENTAL AND SURGICAL PRODUCTS, 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 THIRTEENTH DAY OF AUGUST, A.D. 1996.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.



Edward J. Freel, Secretary of State

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AUTHENTICATION:

DATE:

3064785

08-13-96