

F99 00000 2562 Page 1 of 2

Florida Department of State

Division of Corporations  
Public Access System  
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H99000012009 9)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850)922-4003

From: Account Name : FOLEY & LARDNER  
Account Number : 072720000061  
Phone : (904)359-2000  
Fax Number : (904)359-8700

FOREIGN PROFIT QUALIFICATION

izyx, inc.

Certificate of Status	0
Certified Copy	2
Page Count	03
Estimated Charge	\$87.50

FILED  
MAY 19 11:30  
TALLAHASSEE, FLORIDA

CM

FILED  
MAY 19 10:32  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

FOLEY & LARDNER CORPORATION FOR AUTHORIZATION  
TO TRANSACT BUSINESS IN FLORIDA

NO. 3004 P. 2/4

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. izyx, 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. 59-3567766  
(FEI number, if applicable)
4. April 5, 1999  
(Date of Incorporation)
5. Perpetual  
(Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification  
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 9838 Old Baymeadows Road, Suite 309  
Jacksonville, Florida 32256  
(Current mailing address)
8. To provide information technology and professional management support to the dental industry.  
(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: (P.O. Box or Mail Drop Box NOT acceptable)  
Name: James E. Cherry, D.M.D.  
Office Address: 8117 Woodpecker Trail  
Jacksonville, Florida, 32256  
(Zip Code)
10. 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.

James E. Cherry  
(Registered agent's signature)

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. Prepared by: Linda Y. Kelso (FL Bar No. 298662)

Foley & Lardner  
P.O. Box 240  
Jacksonville, FL 32202  
Telephone No. (904)359-2000  
Fax Audit No. H99000012009

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
MAY 19 AM 10:32

12. ~~Names and addresses~~ of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

**A. DIRECTORS** (Street address only- P. O. Box NOT acceptable)

Chairman: B. D. Howes, IV, D.D.S.

Address: 39331 Fawnridge Circle,  
Palmdale, California 93551

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: James E. Cherry, D.M.D.

Address: 8117 Woodpecker Trail  
Jacksonville, Florida 32256

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS** (Street address only- P. O. Box NOT acceptable)

President: James E. Cherry, D.M.D.

Address: 8117 Woodpecker Trail  
Jacksonville, Florida 32256

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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

13. James Cherry  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. James E. Cherry, D.M.D., President  
(Typed or printed name and capacity of person signing application)

MAY. 12. 1999. 10:54AM

FOLEY & LARDNER

NO. 3004 P. 4/4

Fax Audit No. H99000012009

State of Delaware

PAGE 1

*Office of the Secretary of State*

---

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "IZYX, 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 THIRTIETH DAY OF APRIL, A.D. 1999.

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 MAY 19 AM 10:32



A handwritten signature in cursive script, reading "Edward J. Freel".

Edward J. Freel, Secretary of State

3025240 8300

991171918

Fax Audit No. H99000012009

AUTHENTICATION:

9718224

DATE:

04-30-99