

F99000005854

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: Dental Health Products Incorporated
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following: 900003037089--5

-11/05/99-01099--005
*****70.00 *****70.00

James Dier
(Name of Person)

Bigelow & Company
(Firm/Company)

1345 W. Mason St.
(Address)

Green Bay, WI 54303
(City/State/Zip)

Should you need to call someone concerning this matter, please call:

James Dier at (920) 498-9400
(Name of Person) (Area Code & Daytime Telephone Number)

FILED
99 NOV -5 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SL

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, 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.*

1. Dental Health Products Incorporated

(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. Wisconsin

(State or country under the law of which it is incorporated)

3. 39-1685954

(FEI number, if applicable)

4. 12/11/90

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. 11/99

(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 2614 Sugar Bush Road New Franken WI 54229

(Current mailing address)

8. Sale of Dental Health Products & Supplies

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: Starlorte Cookus

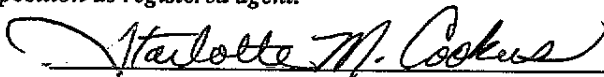
Office Address: 5615 E. Powhatan Ave. Suite #7

Tampa, Florida, 33605

(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.



(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.

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

FILED
99 NOV -5 PM 2:44
CLERK OF STATE
TALLAHASSEE, FLORIDA

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

Chairman: Dale A. Roberts

Address: 5281 Cty K
New Franken, WI 54229

Vice Chairman: James M. Roberts

Address: 5774 Abts Road
New Franken, WI 54229

Director: _____

Address: _____

Director: _____

Address: _____

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

President: Dale A. Roberts

Address: 5281 Cty K
New Franken, WI 54229

Vice President: James M. Roberts

Address: 5774 Abts Road
New Franken, WI 54229

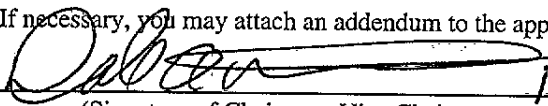
Secretary: James M. Roberts

Address: 5774 Abts Road
New Franken, WI 54229

Treasurer: Dale A. Roberts

Address: 5281 Cty K
New Franken, WI 54229

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

13.  10-28-99
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Dale A. Roberts, President
(Typed or printed name and capacity of person signing application)

FILED
99 NOV -5 PM 2:44
TALLAHASSEE, FLORIDA

DOM
180 181 185

United States of America
State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

I, RICHARD L. DEAN, Secretary, Department of Financial Institutions, do hereby certify that

DENTAL HEALTH PRODUCTS INCORPORATED

is a domestic corporation organized under the laws of this state and that its date of incorporation is
DECEMBER 11, 1990.

I further certify that corporation has, within its most recently completed report year, filed an annual report required under Ss. 180.1622, 180.1921 or 181.1622, Wis. Stats., and that it has not filed articles of dissolution.

IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed the official seal
of the Department on September 28, 1999.

A handwritten signature in cursive script, appearing to read "Richard L. Dean".

RICHARD L. DEAN, Secretary
Department of Financial Institutions

BY: A handwritten signature in cursive script, appearing to read "Elyn Klaila".

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.