

CT CORPORATION SYSTEM

**M010000002753**

CORPORATION(S) NAME

Doral Solutions, LLC

0

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Profit                      | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger             |
| <input type="checkbox"/> Nonprofit                   | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark               |
| <input type="checkbox"/> Foreign                     | <input type="checkbox"/> Reinstatement          | <input type="checkbox"/> Other              |
| <input type="checkbox"/> Limited Partnership         | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Change of RA       |
| <input checked="" type="checkbox"/> LLC Registration | <input type="checkbox"/> Name Registration      | <input type="checkbox"/> UCC                |
| <input type="checkbox"/> Certified Copy              | <input type="checkbox"/> Fictitious Name        | <input type="checkbox"/> CUS                |
| <input type="checkbox"/> Photocopies                 |   |   |
| <input type="checkbox"/> Call When Ready             | <input type="checkbox"/> Call If Problem        | <input type="checkbox"/> After 4:30         |
| <input checked="" type="checkbox"/> Walk In          | <input type="checkbox"/> Will Wait              | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out                    |   |   |

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA  
 DEC 11 PM 3:28

01 DEC 11 PRE-RECEIVED

APPROVE AND FILE

Name \_\_\_\_\_  
 Availability \_\_\_\_\_  
 Document \_\_\_\_\_  
 Examiner \_\_\_\_\_  
 Updater \_\_\_\_\_  
 Verifier \_\_\_\_\_  
 W.P. Verifier \_\_\_\_\_

12/11/01

Order#: 4975329

600004719586--6  
 -12/12/01--01001--013

Ref#: \*\*\*\*125.00 \*\*\*\*125.00

Amount: \$ \_\_\_\_\_

*JD*  
12-11-01

660 East Jefferson Street  
 Tallahassee, FL 32301  
 Tel. 850 222 1092  
 Fax 850 222 7615

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. Doral Solutions, LLC  
(Name of foreign limited liability company)
2. Wisconsin 3. 39-2040881  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. Effective 10/3/01 5. Perpetual  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. 12-01-01  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 10201 North Port Washington Road  
Mequon, WI 53092  
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here

9. The usual business addresses of the managing members or managers are as follows:

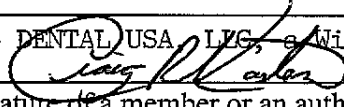
Address of Member: Doral Dental USA, LLC  
10201 North Port Washington Road  
Mequon, WI 53092

01 DEC 11 PM 3:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: Health care provider network.

DORAL DENTAL USA, LLC, a Wisconsin limited liability company  
BY   
Signature of a member or an authorized representative of a member.  
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)  
Craig R. Kasten  
Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Doral Solutions, LLC

2. The name and the Florida street address of the registered agent and office are:

C T Corporation System

(Name)

c/o C T Corporation System, 1200 South Pine Island Road

Florida street address (P.O. Box **NOT** ACCEPTABLE)

Plantation

FL 33324

City/State/Zip

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..*

C T Corporation System

  
(Signature)

**Christine M. Eastwine  
Assistant Secretary**

\$ 100.00	<b>Filing Fee for Application</b>
\$ 25.00	<b>Designation of Registered Agent</b>
\$ 30.00	<b>Certified Copy (optional)</b>
\$ 5.00	<b>Certificate of Status (optional)</b>

DOM  
183

United States of America  
State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

I, RAY ALLEN, Administrator of the Division of Corporate & Consumer Services of the Department of Financial Institutions, do hereby certify that

DORAL SOLUTIONS, LLC

is a domestic limited liability company organized under the laws of this state and that its date of organization is OCTOBER 3, 2001.

I further certify that said company has not filed articles of dissolution with this department

APPROVED  
AND  
FILED  
01 DEC 11 PM  
SECRETARY OF STATE  
JEFF A. PASSEK, JR.  
MADISON, WISCONSIN

IN TESTIMONY WHEREOF I have  
hereunto set my hand and affixed the official seal  
of the Department on December 3, 2001.



RAY ALLEN, Administrator  
Division of Corporate & Consumer Services  
Department of Financial Institutions

BY: Patricia Weber

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.