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**SMOOT ADAMS
EDWARDS DORAGH & BRINSON, P.A.**

ATTORNEYS AT LAW

Hal Adams
Melville G. Brinson, III
Pete Doragh
Charles B. Edwards
Paul A. Giordano
William O. Kratochvil
Beth Maliszewski
Joseph A. Troiano
J. Tom Smoot, Jr., Of Counsel

4415 Metro Parkway
Suite 325
Fort Myers, FL 33916

P.O. Box 60259
Fort Myers, FL 33906

941-489-1776
Fax 941-489-2444

July 8, 2002

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

BK 7

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****130.00 ****130.00

RE: SHOWERDENT, LLC, a Delaware limited liability company
Our File No: 1302.004

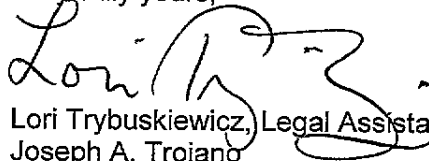
Dear Sir or Madam:

Please find enclosed the Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, Certificate of Designation of Registered Agent/Registered Office, original Certificate of Existence from the State of Delaware along with my firm's trust account check no. 3089 in the amount of \$130.00, which represents \$100.00 file fee for application and \$30.00 fee for a Certified Copy relating to the above referenced limited liability company.

Please forward your letter of acknowledgment and the certified copy in the enclosed self addressed stamped envelope that I have provided for your convenience.

Should you have any questions or comments, please do not hesitate to contact me.

Very truly yours,


Lori Trybuskiewicz, Legal Assistant to
Joseph A. Troiano

lmt
Enclosure(s)

{00012736.DOC}

FILED
02 JUL 10 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

1. SHOWERDENT LLC
(Name of foreign limited liability company)
2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 59-3724105
(FEI number, if applicable)
4. May 1, 2001
(Date of Organization)
5. Perpetual
(Duration: year limited liability company will cease to exist or "perpetual")
6. June 1, 2002
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 5550 Heron Point Drive, Suite 1902
Naples, Florida 34108
(Street address of principal office)

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

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

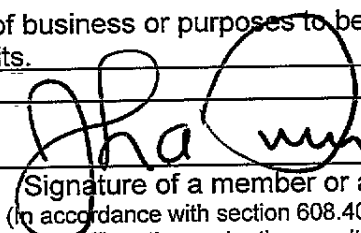
Richard J. Pennetta, Managing Member

5550 Heron Point Drive, Suite 1902

Naples, Florida 34108

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: Sale of teeth cleaning units.

 Registered Agent
(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.)

Joseph A. Troiano, Registered Agent
Typed or printed name of signer

**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:

SHOWERDENT, LLC

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

Joseph A. Troiano

(Name)

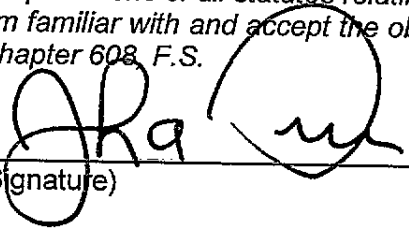
4415 Metro Parkway, Suite 325

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

Fort Myers, Florida 33916

(City/State/Zip)

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.


(Signature)

\$ 100.00
\$ 25.00
\$ 30.00
\$ 5.00

Filing Fee for Application
Designation of Registered Agent
Certified Copy (optional)
Certificate of Status (optional)

FILED
02 JUL 10 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

The First State

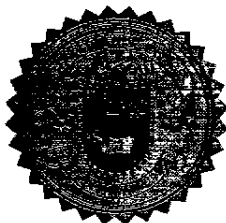
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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SHOWERDENT LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF JUNE, A.D. 2002.

FILED

02 JUL 10 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 1848104

DATE: 06-24-02