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DRIDA/FOREIGN LIMITED LIABILITY CO.

#### Dexix LLC

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**EXAMINER** 

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. DEXIS LLC				
	n Limited Liability Company; must	include "Limited Lia	bility Company," "L.L.C.,	"or "LLC.")
consent of the managers Company," "L.L.C.," "L	ter alternate name adopted for the p or managing members adopting the .L.C.")	alternate name. The		
2. Delaware (Jurisdiction under the company is organized	e law of which foreign limited liabil )	3. <u>54-2169311</u> ity	(FEI number, if applicab	•
4. 03/11/2005 (Date of Open Qualification	of Organization)	5. Perpetual (Duration: ) exist or "per	Year limited liability comp. petual*)	DIVISION OF
d. Open Quantity	(Date first transacted business i (See sections 608.50) & 608.502	n Florida, if prior to i F.S. to determine pe	registration.) nalty liability)	<u> </u>
7. 901 W Oakton Street	t, Des Plaines, IL 60018			AH 9:
	(Street Add	ress of Principal Offi	ce)	9: 55
8. If limited liability	company is a manager-mana	ged company, che	eck here 🔀	
9. The name and usu	ual business addresses of the r	nanaging member	rs or managers are as f	ollows:
Daniel L. Comas, 2	2099 Pennsylvania Ave NW, Washi	ngton , DC 20006		
Robert S. Lutz , 209	99 Pennsylvania Ave NW, Washing	ton , DC 20006		<del></del>
James H. Ditkoff, 2	2099 Pennsylvania Ave NW, Washi	ngton , DC 20006		
the jurisdiction under the l	d certificate of existence, no more than law of which it is organized. (A photo te under eath of the translator must be	copy is not acceptable		
11. Nature of busine	ess or purposes to be conducte	d or promoted in	Florida:	
Sales of Dental Imag	ing Products	· · · · · · · · · · · · · · · · · · ·		·
	Signature of a member or an (In accordance with section 608.408) an alformation under the penalties of	3), F.S., the execution o	f this document constitutes	<b>.</b>
	James F. O'Reilly . Vice	president 4	Secretary	A .
	Typed or prin	ited name of sign	c Gendex corp.	nember

## 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.

DEXIS LL	<u>c</u>			
If name unavailable, the alternate name to be used in the state of Florida is:				
2. The name and the Florida street address of the registered agent and office are:				
	C T Corporation System			
		(Name)		
	1200 South Pine Island R	Lond		
	Florida Stre	et Address (P.O. Box NOT ACCEPTABLE)		
	Plantation	FI_ 33324 City/State/Zip		
•		Спутанаелер		
liability co	ompany at the place designate agree to act in this capacity.	t and to accept service of process for the above stated limited ed in this certificate, I hereby accept the appointment as registe I further agree to comply with the provisions of all statutes		
relating to obligation	s the proper and complete per s of my position as registered ration System (Signature)	formance of my duties, and I am familiar with and accept the I agent as provided for in Chapter 608, Florida Statutes.  Mark J. Diffenbaugh Asst. Secretary & V. President		
relating to obligation	s of my position as registered ration System (Signature)	Mark J. Differioration  Mark J. Differioration  Mark J. Differioration  Mark J. Differioration		
relating to obligation	s of my position as registered ration System (Signature)  \$ 16	I agent as provided for in Chapter 608, Florida Statutes.  Mark J. Diffenbaugh Asst. Secretary & V. President		

# Delaware

### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DEXIS LLC" IS DULY FORMED UNDER THE LAMS 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 THIRTEENTH DAY OF MARCH, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6449174

DATE: 03-13-08

for may verify this certificate enline at corp, delaware, gov/authver.shtml