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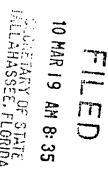
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D. BRUCE

MAR 22 2010

EXAMINER



1959 Meadow Lane Wyomissing, PA 19610 Phone: (610) 741-6315

Fax: (610) 741-6318

တ

E-mail: mlittlejohn1959@comcast.net

March 15, 2010

Deborah Blue, Regulatory Specialist II Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re:

DenteMax, LLC

Letter #210A00005629

Dear Ms. Blue

Thank you for your letter of March 8, 2010. We are enclosing another Good Standing from the State of Delaware. Delaware does not send out embossed stamped good standings. This is what they send out as an original good standing. It is dated 02-19-10. We have attached it to your letter.

DenteMax, LLC hereby authorizes CRS Licensing, LLC to represent them with regard to the enclosed application and to correspond directly with your department on our behalf for approval of the application.

Please direct any correspondence regarding the enclosed application to me at the address above.

Thank you in advance for your consideration of this application.

表现的1990年,我国人的本国国人的第三人称单位的

Sincerely,

Mary Littlejohn-Garber

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Difference Bane



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 8, 2010

MARY LITTLEJOHN-GARBER 1959 MEADOW LANE WYOMISSING, PA 19610

SUBJECT: DENTEMAX, LLC Ref. Number: W10000011558

10 MAR 19 AM 8: 35
SECRETARY OF STATES
TALLAHASSEE, FLORIDE

We have received your document for DENTEMAX, LLC and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 210A00005629

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: DenteMax, LLC			
(Name of	f Limited Liability Company)		
	ed Liability Company for Authorization to Transa are submitted to register the above referenced for ida		
Please return all correspondence concerning to	his matter to the following:		
Mary Littlejohn-Garber			
	(Name of Person)	10 MA	10°° yang
CRS Licensing, LLC		20 - 20 - 10 - 10 - 10 - 10 - 10 - 10 -	With Palents
	(t intil/company)	377 0 78 4 6	
1959 Meadow Lane		AH 8: 35	3
	(Address)	5 m 33	
Wyomissing, PA 19610			
(Ci	ity/State and Zip Code)		
For further information concerning this matter	r, please call:		
Mary Littlejohn- Garba (Name of Person)	er at (6/0) 741-63/5 (Area Code & Daytime Telephone Nu	 ımber)	
MAILING ADDRESS:	STREET ADDRESS:		
Division of Corporations	Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle		
Tulialiassee, FE 52514	Tallahassee, FL 32301		
Enclosed is a check for the following amount: \$\Begin{align*} \pm	Fee & 🔼 \$155.00 Filing Fee & 🔼 \$160.00 Filing Fe	ee, Certificate s & Certified (

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

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

1. DenteMax, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabili Company," "L.L.C.," "LLC.")	
2. Delaware 3, 38-2242298	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4. 01/01/10 5. Perpetual	
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	
6.	
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7. 25925 Telegraph Rd., Suite 400	******
Southfield, MI 48033	-
(Street Address of Principal Office)	[1]
8. If limited liability company is a manager-managed company, check here 🗸	j
9. The name and usual business addresses of the managing members or managers are as follows:	
Anthony F. Trani, 1020 W. 31st St., Downers Grove, IL 60515;	
John J. Doyle, Two TransAm Plaza Dr., Suite 500, Oakbrook Terrace, IL 60181	
Craig A. Simundza, Two TransAm Plaza Dr., Suite 500, Oakbrook Terrace, IL 60181	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recording 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 eath of the translator must be submitted.)	ords in
11. Nature of business or purposes to be conducted or promoted in Florida:	
The transaction of all lawful business permitted under the laws of Florida.	
Jun	
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.)	
John J. Doyle	

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:			
DenteMax, LL	c		<u> </u>		
If name unava	nilable, the alternate nam	e to be used in the sta	ate of Florida is:		
2. The name	and the Florida street ad	dress of the registered	d agent and office are:		10 MAR
	Registered Agent Solu	tions, Inc.		33	
(Name)		RY OF	19 AH		
	155 Office Plaza Dr., S			_ ES	င္ပာ
	Florida Stre	et Address (P.O. Box No.	OT ACCEPTABLE)	RIDA	<u>အ</u> အ
	Tallahassee	FL 323	301		
		City/State/Zip		-	
liability compo agent and agre relating to the obligations of	any at the place designate ee to act in this capacity. proper and complete per my position desregistered ent solutions, line. (Signature)	d in this certificate, I defined the second formance of my duties	of process for the above s hereby accept the appoint aply with the provisions of and I am familiar with a in Chapter 608, Florida S	nent as regis all statutes ad accept the	stered
		•	of Registered Agent		

\$ 30.00 Certified Copy (optional)

5.00

Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "DENTEMAX, 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 NINETEENTH DAY OF FEBRUARY, A.D. 2010.

4768798 8300

100040971

AUTHENTICATION: 7824423

DATE: 02-19-10

You may verify this certificate online at corp.delaware.gov/authver.shtml