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EXAMINER

CR2E027 (9/10)

COVER LETTER

	ration Section on of Corporations		
SUBJECT:	ix Month Smiles, LLC		
SUBJECT: _		Name of Limited Liability Company	
The enclosed "A Existence, and o	Application by Foreign Limited L check are submitted to register the	iability Company for Authorization to Transact Business in Floridate above referenced foreign limited liability company to transact bu	a," Certificate of siness in Florida
Please return al	l correspondence concerning this	matter to the following:	
	Marie T. Zacny, Paralegal		
		Name of Person	-
	Honigman Miller Schwartz a	and Cohn LLP	
	•	Firm/Company	_
	2290 First National Building,	, 660 Woodward Avenue	
		Address	-
	Detroit, Michigan 48226		
		City/State and Zip Code	-
	mmeehan@sixmonthsmiles.d	com	F)
	E-mail address	s: (to be used for future annual report notification)	CM
For further info	rmation concerning this matter, pl	lease call:	
Marie	T. Zacny	313 465-7234 223:	PO .
	Name of Person	Area Code & Daytime Telephone Number	— <u>55</u>
Divisio Registr P.O. B	ING ADDRESS: on of Corporations ration Section ox 6327 assec, FL 32314	Area Code & Daytime Telephone Number STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	:: 00
	check for the following am 5.00 Filing Fee \$130.00 Fi Certificate	iling Fee & 🔲 \$155.00 Filing Fee & 🖂 \$160.00 Filing Fee,	

HONIGMAN

Honigman Miller Schwartz and Cohn LLP Attorneys and Counselors

Marie T. Zacny

(313) 465-7234 Fax: (313) 465-7235 mzacny@honigman.com

Via Federal Express

December 11, 2013

Florida Department of State Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: Six Month Smiles, LLC

Dear Sir/Madam:

Enclosed for filing in duplicate is the Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida and Certificate of Designation of Registered Agent/Registered Office for Six Month Smiles, LLC, including a Delaware good standing certificate. Also enclosed is our check in the amount of \$125.00 to cover the filing fee.

Please return a file-stamped copy to me in the enclosed Federal Express envelope.

Your prompt attention in this matter is appreciated.

Very truly yours,

HONIGMAN MILLER SCHWARTZ AND COHN LLP

Marie T. Zacny

Paralegal

Enclosures

ACTIVE,13790287.1

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:

IMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN	THE	STATE OF FLORIDA:			
. Six Month Smiles, LLC (Name of Foreign Limited Liability Company; must in	nclud	e "Limited Liability Company," "L.L.C.,"	or "LLC")	-
I name unavailable, enter alternate name adopted for the puonsent of the managers or managing members adopting the company, "L.L.C.," "L.L.C.")					
Delaware	3.	90-0925080			
(Jurisdiction under the law of which foreign limited liabilit company is organized)	īy .	(FEI number, if applicable	e)		-
January 8, 2013	5.				_
(Date of Organization)		(Duration: Year limited liability compexist or "perpetual")	any will c	ease to	-
April 12, 2013					
(Date first transacted business in (See sections 608.501 & 608.502	Flor	ida, if prior to registration.) o determine penalty liability)			-
35 Main Street, Scottsville, New York 14546					
					-
(Street Addr	ress c	f Principal Office)			-
,		,		27	
If limited liability company is a manager-manager	ged c	ompany, check here	MLLA	2019 DEC	
The name and usual business addresses of the m	ıana	ging members or managers are as t	follows:		•
See Attachment.			35.7.7 7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.	2	.• .
				-2	-
			<u> </u>	ఁఎ	
			1 Table 1	0	
). Attached is an original certificate of existence, no more than e jurisdiction under the law of which it is organized. (A photo unslation of the certificate under oath of the translator must be	осору	v is not acceptable. If the certificate is in a thitted.)	foreign lar	stody of renguage, a	ecords
1. Nature of business or purposes to be conducted	d or	promoted in Florida: provide educ	ation sen	ninars,	
products and services relating to an orthodontic solu	ution	and technique			•
Michael t	1/	Herizon Marized representative of a member			•
(In accordance with section 608.408(3), F.S., the openalties of perjury that the facts stated herein are	execu e true	ion of this document constitutes an affirmation I am aware that any false information su	n under the bmitted in	e Ia	

Typed or printed name of signee

Michael Meehan, Authorized Representative

document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

ATTACHMENT TO APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA SIX MONTH SMILES, LLC

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

Nicholas Barker 500 Griswold, Suite 2700, Detroit, Michigan 48226

John Higgins 500 Griswold, Suite 2700, Detroit, Michigan 48226

Michael Meehan 35 Main Street, Scottsville, New York 14546

Omar Nazem 35 Main Street, Scottsville, New York 14546

Sean Roberts 500 Griswold, Suite 2700, Detroit, Michigan 48226

Edward Shellard 35 Main Street, Scottsville, New York 14546

Ryan Swain 35 Main Street, Scottsville, New York 14546

Jeffrey Valentine
35 Main Street, Scottsville, New York 14546

280 DEC 12 FR 3: 00

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.

Six Month Smiles, LLC					
If unavailab	le, the alternate to be used in the	state of Florida is:			
2. The name	e and the Florida street address o	f the registered agent and office	are:		
	Corporation Service Company		The state of the s		
		(Name)			
	1201 Hays Street	(Name)	100 S		
		(Name) ress (P.O. Box NOT ACCEPTABLE)	715788 715788		
			7.1572 S.E.O.L.S.		

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, Florida Statutes.

Corporation Service Company

By:

(Signature)

Judith Reyes

Assistant Secretary

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation 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 "SIX MONTH SMILES, 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 TENTH DAY OF DECEMBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SIX MONTH SMILES, LLC" WAS FORMED ON THE EIGHTH DAY OF JANUARY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

7813 0EC 12 FG 3- 00

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AUTHENT CATION: 0965224

DATE: 12-10-13

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