

M14000007572

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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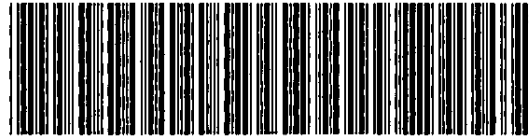
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1 Surety 09/20/2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Orion Dental Sales, Training & Repair LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Paul Laird

Name of Person

Orion Dental Sales, Training & Repair LLC

Firm/Company

4721 Rockvale Dr.

Address

Kissimmee, FL 34758

City/State and Zip Code

orionrepair@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paul Laird

Name of Contact Person

at (**360**) **850-2698**

Area Code

Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

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

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. **Orion Dental Sales, Training & Repair 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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. **State of Washington**

(Jurisdiction under the law of which foreign limited liability company is organized)

3. **46-3486284**

(FEI number, if applicable)

4. _____

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. **4721 Rockvale Dr.**

Kissimmee FL 34758

(Street Address of Principal Office)

6. **4721 Rockvale Dr.**

Kissimmee FL 34758

(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to make is/are:

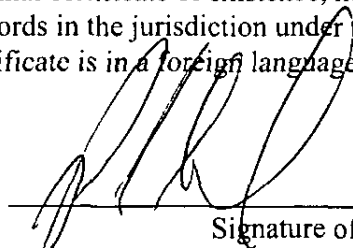
Paul S Laird, CEO

4721 Rockvale Dr

Kissimmee, FL 34758

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TALLAHASSEE, FLORIDA

8. 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)



Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Paul S Laird

Typed or printed name of signee

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

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:

Orion Dental Sales, Training & Repair L L C

If unavailable, the alternate to be used in the state of Florida is:

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

Paul S Laird

(Name)

4721 Rockvale Dr

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Kissimmee

34758

FL

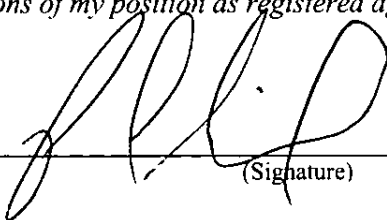
City/State/Zip

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TALLAHASSEE, FLORIDA

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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 605, Florida Statutes.


(Signature)

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

UNITED STATES OF AMERICA

The State of



Washington

Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal,
hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION

OF

ORION DENTAL SALES, TRAINING & REPAIR LLC

I FURTHER CERTIFY that the records on file in this office show that the above named
Limited Liability Company was formed under the laws of the State of WA and was issued a
Certificate Of Formation in Washington on 8/19/2013.

I FURTHER CERTIFY that as of the date of this certificate, ORION DENTAL SALES,
TRAINING & REPAIR LLC remains active and has complied with the filing requirements of
this office.

Date: October 7, 2014

UBI: 603-326-913



Given under my hand and the Seal of the State
of Washington at Olympia, the State Capital

Kim Wyman

Kim Wyman, Secretary of State

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA