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Division of Corporations

**Florida Department of State**  
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 Fax Number : (850)617-6383

From:

Account Name : HARVARD BUSINESS SERVICES, INC.  
 Account Number : I20080000045  
 Phone : (302)645-7400  
 Fax Number : (302)645-1280

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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: valerie@internationalpdr.com

**Foreign Limited Liability Company**

**INTERNATIONAL PAINTLESS DENT REPAIR, LLC**

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June 5, 2015

FLORIDA DEPARTMENT OF STATE

Division of Corporations

HARVARD BUSINESS SERVICES, INC.

SUBJECT: INTERNATIONAL PAINTLESS DENT REPAIR, LLC  
REF: W15000039370

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch  
Regulatory Specialist II

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June 9, 2015

FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
HARVARD BUSINESS SERVICES, INC.

SUBJECT: INTERNATIONAL PAINTLESS DENT REPAIR, LLC  
REF: W15000039855

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Valerie Herring  
Regulatory Specialist II  
New Filing Section

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Letter Number: 815A00012012

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TALLAHASSEE, FLORIDA

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

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

1. INTERNATIONAL PAINLESS DENT 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. Delaware

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

3. 36-4738178

(FEI number, if applicable)

4. No business transacted in Florida prior to registration

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

5. 999 Vanderbilt Beach Rd Suite 200

Naples, FL 34108

(Street Address of Principal Office)

6. 999 Vanderbilt Beach Rd Suite 200

Naples, FL 34108

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Registered Agents Inc.

Office Address: 3030 N. Rocky Point Dr., STE 150A

Tampa, Florida 33607  
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

*Bill Havre*

Bill Havre-President

(Registered agent's signature)

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

Valerie Hoover, Authorized Member - 999 Vanderbilt Beach Rd Suite 200 Naples, FL 34108

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

*Valerie Hoover*  
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.)

Valerie Hoover

(Typed or printed name of signer)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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JUN-10-2015 16:01 From:

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# Delaware

PAGE 1  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INTERNATIONAL PAINTLESS DENT REPAIR, 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 FOURTH DAY OF JUNE, A.D. 2015.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INTERNATIONAL PAINTLESS DENT REPAIR, LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF JULY, A.D. 2012.

5189048 8300

150881126

You may verify this certificate online  
at [corp.delaware.gov/authvar.shtml](http://corp.delaware.gov/authvar.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 2438232

DATE: 06-04-15

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