MLLOODOW

(Requestor's Name)						
. (Address)						
: (Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
We 21848						

Office Use Only



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03/18/16--01026--007 **173.75

03/30/16--01018--022 **638.75

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March 29, 2016

VIA UPS

Attn: Ms. Deborah Bruce Regulatory Specialist II Florida Department of State 2661 Executive Center Circle Tallahassee, FL 32301-5020

RE: Letter Number: 716A00005764

Dear Ms. Bruce:

Enclosed is a check in the amount of \$638.75 to cover the penalty and the annual report fee for Affordable Dentures Dental Laboratories, LLC. Please return a filed stamp copy of the document to me in the enclosed UPS Return envelope.

Should you have any questions or concerns, please contact me at (252) 520-2213. Thank you for your prompt attention to this matter.

Sincerely,

Sonia Surasky Paralegal TAHASSEL LINGS 45

COVER LETTER

TO:	Registration Section Division of Corporations	·					
SUBJEC	Affordable Dentures Dental Laboratories, LLC						
CODUL	Name of Limited Liability Company						
		pany for Authorization to Transact Business in Florida," (renced foreign limited liability company to transact busine					
Please re	eturn all correspondence concerning this matter to the	following:					
	Sonia Surasky						
•	N	Name of Person					
	Affordable Care, LLC						
Firm/Company							
	5430 Wade Park Blvd., Suite 310						
Address							
	Raleigh, NC 27607						
	State and Zip Code						
	sonia.surasky@afforablecare.com	d for future annual report notification 7					
	E-mail address: (to be used	d for future annual report notification)	7				
For furth	er information concerning this matter, please call:	HASSE					
_	Sonia Surasky	252 520-2213					
	Name of Contact Person	Area Code Daytime Telephone Number	5				
]	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	; i				
	is a check for the following amount: □ \$125.00 Filing Fee \$ Certificate of Status	☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certified Copy of Status & Certified Copy					



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 21, 2016

SONIA SURASKY 5430 WADE PARK BLVD., STE 310 RELEIGH, NC 27607

SUBJECT: AFFORDABLE DENTURES DENTAL LABORATORIES, LLC

Ref. Number: W16000021048

We have received your document for AFFORDABLE DENTURES DENTAL LABORATORIES, LLC and your check(s) totaling \$173.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$638.75.

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) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 716A00005764

SECRETARY OF STATE AND A SECRETARY OF STATE

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

IN COMPLIANCE WITH SECTION 608.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT IN RIVESS IN THE STATE OF IT OPITA.

COMPANY TO TRANSACT BU	ISINESS IN THE STATE OF FLORIDA	:		•	
1_	ental Laboratories, LLC				
(Name of Fore	ign Limited Liability Company; mus	it include "Limited Liabl	lity Company,""L.L.C.," or '	·LLC.")	
(If name unavailable, enter al	ternate name adopted for the purpose	of transacting business	in Florida. The alternate nam	e must include 'Limited	
Liability Company," "L.L.C,"				• —	
2. North Carolina		3. 56-1505559			
(Jurisdiction under the law company is organized)	of which foreign limited liability		(FEI number, if applicable)		
4 October 22, 2015					
···	(Date first transacted busine (See sections 605.0904 & 605.	ss in Florida, if prior to a	egistration.)	•	
5. 1400 Industrial Drive	(100 3000000 000000 00 0000		policiny acousty	_	
Kinston, NC 28504					
	(Street Address of I	rincipal Office)		,	
6. PO Box 1042, Kinston,	NC 28503			_	
				•	
	(Mailing /	Address)		•	
7. Name and street address	s of Plorida registered agent: (P.	O. Box <u>NOT</u> acceptal	ble)		
Name:	NRAI Services, Inc.				
Office Address:	1200 South Pine Island Road				
	Plantation		, Florida <u>33324</u>	_	
Designation of a second control of the second	(City)		(Zip code)		
Registered agent's accept Having been named as re-	innce: gistered agent and to accept serv	ice of process for the	above stated limited liabil	ity company at the plac	e
designated in this applica	tion, I hereby accept the appoint	ment as registered ag	ent and agree to act in thi	s capacity. I further ag	Tee
	ons of all statutes relative to the p ny position as registered agent.	proper and complete j	verformance of my duties,	and I am familiar with	and
accept the congramme of t	NRAL Services, Inc.	000			ا المناب
	By: Course	ered agent's signature)		A A A	ا
	Natalie Leiba-Paul - Sp		ary	A 2 2	
8. The name, title or capa	city and address of the person(s)	who has/have authorit	y to manage is/are:	<u>م</u> چ <u>ي</u>	
Member-managed	locable (are Ho)	dina Corp.		υ ^Ε Ε	
140	10 Industrial D	rive !		ES 75	C
	moston, NC 285	604 <u> </u>			
0.44-4-11	7		4-4 b. A		
	of existence, no more than 90 day of which it is organized. (If the co				
of the translator must be su		فينتنسب مسهور مرم	, impadeo, a numination or	an settingin miget our	••
	To let	200			
	Signature	of an authorized person		•	
ment i de de	_	•			
This document is executed submitted in a document to	in accordance with section 605.0 the Department of State constitu	1203 (1) (b), Florida St tes a third degree felor	atutes. I am aware that any ny as provided for in s.817.	false information 155, F.S.	
	Randal G. Ammons				

Typed or printed name of signee



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

AFFORDABLE DENTURES DENTAL LABORATORIES, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 22nd day of October, 2015, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 16th day of February, 2016.

Elaine J. Marshall

Secretary of State