

PI 8000035887

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

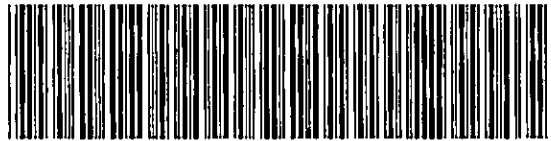
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



800312970988

05/04/18--01024--005 \*\*43.75

05/18/18--01029--002 \*\*35.00

FILED  
18 MAY 21 AM 11:24  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*Merge*

R. WHITE

MAY 22 2018

# KATZ TELLER

Amy E. Brown • Phone: (513) 977-3486 • Fax: (513) 762-0086 • abrown@katzteller.com

May 3, 2018

VIA FEDERAL EXPRESS

Florida Secretary of State  
Division of Corporations - Amendment Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Re: Advanced Orthodontic Solutions, Inc.**

Dear Ladies & Gentlemen:

Enclosed for filing, in duplicate, are the Articles of Merger along with our firm's check in the amount of \$43.75 to cover the requisite filing fee and certified copy fee. Upon filing, kindly return evidence to my attention.

Should you have any questions, please contact me.

Sincerely,



Amy E. Brown  
Corporate Paralegal

Enclosures

cc: Bradley G. Haas, Esq. (via email w/enc)

4827-5921-8533, v. 1





FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 8, 2018

AMY BROWN  
255 E FIFTH ST STE 2400  
CINCINNATI, OH 45202

SUBJECT: ADVANCED ORTHODONTIC SOLUTIONS, INC.  
Ref. Number: P18000035837

We have received your document for ADVANCED ORTHODONTIC SOLUTIONS, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to file articles of merger is \$35.00 per entity. So, an additional filing fee of \$35.00 is needed to file this document.

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) 245-6050.

Rebekah White  
Regulatory Specialist II

Letter Number: 518A00009490

18 MAY 16 PM 12:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Advanced Orthodontic Solutions, Inc.

\_\_\_\_\_  
Name of Surviving Corporation

The enclosed Articles of Merger and fee are submitted for filing.

Please return all correspondence concerning this matter to following:

Amy Brown

\_\_\_\_\_  
Contact Person

Katz Teller

\_\_\_\_\_  
Firm/Company

255 E Fifth St Ste 2400

\_\_\_\_\_  
Address

Cincinnati OH 45202

\_\_\_\_\_  
City/State and Zip Code

abrown@katzteller.com

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

For further information concerning this matter, please call:

Amy Brown

\_\_\_\_\_  
Name of Contact Person

At ( 513 ) 977-3486

\_\_\_\_\_  
Area Code & Daytime Telephone Number

☒ Certified copy (optional) \$8.75 (Please send an additional copy of your document if a certified copy is requested)

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

# KATZ TELLER

Amy E. Brown • Phone: (513) 977-3486 • Fax: (513) 762-0086 • [abrown@katzteller.com](mailto:abrown@katzteller.com)

May 14, 2018

VIA FEDERAL EXPRESS

Florida Secretary of State  
Division of Corporations - Amendment Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Re: *Advanced Orthodontic Solutions, Inc.*  
*P18000035837***

Dear Ladies & Gentlemen:

In response to your letter of May 8, enclosed herein, enclosed is an additional check in the amount of \$35.00 to cover the merging entities. Once the documents have been filed, kindly return evidence to my attention.

Should you have any questions, please contact me.

Sincerely,



Amy E. Brown  
Corporate Paralegal

Enclosures

4827-5921-8533, v. 2



**ARTICLES OF MERGER**  
(Profit Corporations)

FILED  
18 MAY 21 AM 11:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The following articles of merger are submitted in accordance with the Florida Business Corporation Act, pursuant to section 607.1105, Florida Statutes.

**First:** The name and jurisdiction of the surviving corporation:

<u>Name</u>	<u>Jurisdiction</u>	<u>Document Number</u> (If known/ applicable)
Advanced Orthodontic Solutions, Inc.	FL	P18000035837

**Second:** The name and jurisdiction of each merging corporation:

<u>Name</u>	<u>Jurisdiction</u>	<u>Document Number</u> (If known/ applicable)
Advanced Orthodontic Solutions, Inc.	DE	6828917

**Third:** The Plan of Merger is attached.

**Fourth:** The merger shall become effective on the date the Articles of Merger are filed with the Florida Department of State.

**OR**     /     /     (Enter a specific date. NOTE: An effective date cannot be prior to the date of filing or more than 90 days after merger file date.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**Fifth:** Adoption of Merger by surviving corporation - (COMPLETE ONLY ONE STATEMENT)

The Plan of Merger was adopted by the shareholders of the surviving corporation on \_\_\_\_\_, 2018.

The Plan of Merger was adopted by the board of directors of the surviving corporation on  
XXXXXX and shareholder approval was not required.

**Sixth:** Adoption of Merger by merging corporation(s) (COMPLETE ONLY ONE STATEMENT)

The Plan of Merger was adopted by the shareholders of the merging corporation(s) on May 2, 2018.

The Plan of Merger was adopted by the board of directors of the merging corporation(s) on  
XXXX and shareholder approval was not required.

(Attach additional sheets if necessary)

**Seventh: SIGNATURES FOR EACH CORPORATION**

Name of Corporation

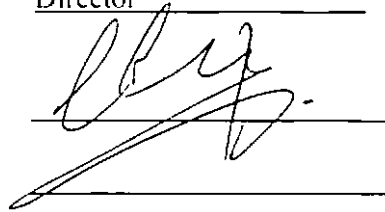
Signature of an Officer or  
Director

Typed or Printed Name of Individual & Title

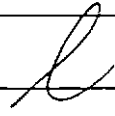
Advanced Orthodontic

Solutions, Inc., a Delaware

Corporation



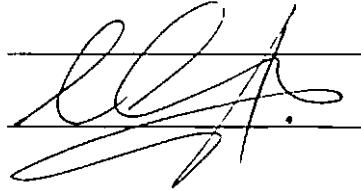
Constantine Grapsas, President



Advanced Orthodontic

Solutions, Inc., a Florida

corporation



Constantine Grapsas, President

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## **PLAN OF MERGER**

**(Non Subsidiaries)**

The following plan of merger is submitted in compliance with section 607.1101, Florida Statutes, and in accordance with the laws of any other applicable jurisdiction of incorporation.

**First:** The name and jurisdiction of the **surviving** corporation:

Name

Jurisdiction

Advanced Orthodontic Solutions, Inc.

Florida

**Second:** The name and jurisdiction of each **merging** corporation:

Name

Jurisdiction

Advanced Orthodontic Solutions, Inc.

Delaware

**Third:** The terms and conditions of the merger are as follows:

Each of the merging corporation shares issued and outstanding at the effective time of the Merger shall be cancelled and retired. The surviving corporation shares shall be unaffected by the Merger.

**Fourth:** The manner and basis of converting the shares of each corporation into shares, obligations, or other securities of the surviving corporation or any other corporation or, in whole or in part, into cash or other property and the manner and basis of converting rights to acquire shares of each corporation into rights to acquire shares, obligations, or other securities of the surviving or any other corporation or, in whole or in part, into cash or other property are as follows:

*(Attach additional sheets if necessary)*



THE FOLLOWING MAY BE SET FORTH IF APPLICABLE:

Amendments to the articles of incorporation of the surviving corporation are indicated below or attached:

**OR**

Restated articles are attached:

Other provisions relating to the merger are as follows: