

N24000012155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

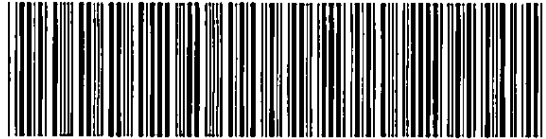
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 30, 2024

MELODY E COBBE ESQ  
980 N FEDERAL HWY STE 110  
BOCA RATON, FL 33432 US

SUBJECT: AMERICAN ACADEMY OF LASER DENTISTRY, INC.  
Ref. Number: W24000108428

We have received your document for and your check(s) totaling \$128.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Certificate of Domestication must contain the name of the company as set forth in the attached articles of Incorporation.,

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

KAIN COSTELLO  
Regulatory Specialist II  
New Filing Section

Letter Number: 124A00016853

## COVER LETTER

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** American Academy of Laser Dentistry, Incorporated

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Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

**FEES:**

Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	<u>\$78.75</u>
Total to domesticate and file	\$128.75

**OPTIONAL:**

Certificate of Status	\$ 8.75
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Melody E. Cobbe, Esq.

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Name (printed or typed)

980 North Federal Highway, Suite 110

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Address

Boca Raton, FL 33432

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City, State & Zip

561-922-9661

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Daytime Telephone Number

mcobbe@cobbelaw.com

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

**NOT FOR PROFIT  
CERTIFICATE OF DOMESTICATION**

The undersigned, Todd Goldman, \_\_\_\_\_,  
(Name) (Title)  
of AMERICAN ACADEMY OF LASER DENTISTRY, INCORPORATED a foreign Corporation  
(Corporation Name)  
in accordance with section 617.1803, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was April 5, 1993.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Illinois.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Illinois.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 617.01201 and 617.0202 with this certificate is AMERICAN ACADEMY OF LASER DENTISTRY, INCORPORATED.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was Illinois.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 617.1803.

I am Todd Goldman, of AMERICAN ACADEMY OF LASER DENTISTRY, INCORPORATED

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(Authorized Signature)

<b>Filing Fee:</b>	
<b>Certificate of Domestication</b>	<b>\$50.00</b>
<b>Articles of Incorporation and Certified Copy</b>	<b><u>\$78.75</u></b>
<b>Total to domesticate and file</b>	<b><u>\$128.75</u></b>

In compliance with Chapter 617, F.S. (Not for Profit)

The name of the corporation shall be:

Age Group	Percentage
18-24	10%
25-34	20%
35-44	25%
45-54	20%
55-64	15%
65-74	10%
75-84	5%
85+	5%

The principal place of business/mailing address shall be:

Mailing Address

\_\_\_\_\_

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\_\_\_\_\_

The purpose for which the corporation is organized:

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

As stated in the By-Laws.

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**ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS**

The name(s) and address(es) and specific title(s):

Title/Name

**Dr. James Carreiro, President**

**11450 Oakhurst Road**

**Largo, FL 33774**

Title/Name

**Dr. Walid Altayeb, President Elect**

**Zone 55, Street 169, Building 155, Villa 14, P.O.Box:13876**

**Doha, Qatar**

Title/Name

**Dr. Grace Sun, Treasurer**

**462 N Doheny Drive**

**Los Angeles, CA 90048**

Title/Name

**Dr. Shigeyuki Nagai, Secretary**

**8-1-14 Saisho bld. 1F Nishigotanda Shinagawa**

**Tokoyo, Japan**

Title/Name

**Dr. Sam Low, Immediate Past President**

**80 Surfview Dr #613**

**Palm Coast, FL 32137**

Title/Name

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**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Todd Goldman

15428 North Nebraska Ave.

Lutz, FL 33549

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Todd Goldman

15428 North Nebraska Ave.

Lutz, FL 33549

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*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.*

*Todd Goldman*

Signature/Registered Agent

06 / 24 / 2024

Date

*Todd Goldman*

Signature/Incorporator

06 / 24 / 2024

Date