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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
Affordable Dentures-Port S. Lucie II, P.A.

Certificate of Status	0
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PS 12/10/10

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COVER LETTER

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

SUBJECT: Affordable Dentures - Port St. Lucie II, P.A.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

- ☐ $70.00 Filing Fee
- ☐ $78.75 Filing Fee & Certificate of Status
- ☑ $78.75 Filing Fee & Certified Copy
- ☐ $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: Karen Franklin
Name (Printed or typed)

PO Box 1042
Address

Kinston, NC 28503
City, State & Zip

(252) 527-6121
Daytime Telephone number

karen.franklin@affordablecare.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

H 1 0 0 0 0 2 6 4 0 2 3

H 1 0 0 0 0 FILED 9 2 8

10 DEC -9 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S..(Profit)

ARTICLE I NAME
The name of the corporation shall be: Affordable Dentures - Port St. Lucie II, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different is:
9140 S. Federal Highway	PO Box 1042
Port St. Lucie, FL 34952	Kinston, NC 28503

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:

To engage in every aspect of the practice of dentistry. The professional services in the Corporation's practice of dentistry may be rendered only through its officers, agents and employees who are duly authorized and licensed to practice dentistry in the State of Florida.

ARTICLE IV SHARES
The number of shares of stock is: The aggregate number of shares that the Association shall be authorized to have is one thousand (1,000) shares to common stock, par value one cent ($0.01)

ARTICLE V INTIAL OFFICERS AND/OR DIRECTORS

Name and Title:	Robert N. Ramotar, President	Name and Title:	
Address:	9140 S. Federal Highway Port St. Lucie, FL 34952	Address:	
Name and Title:	S. Paul Steelman, Secretary	Name and Title:	
Address:	PO Box 1042 Kinston, NC 28503	Address:	
Name and Title:		Name and Title:	
Address:		Address:	

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

Name: NRAI Services, Inc.
Address: 2731 Executive Park Drive, Suite 4
Weston, FL 33331

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:

Name: Robert N. Ramotar
Address: 9140 S. Federal Highway
Port St. Lucie, FL 34952

Having been named as registered agent 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

Required Signature/Registered Agent — Date: 12/9/10

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

Required Signature/Incorporator — Date: 12-8-10