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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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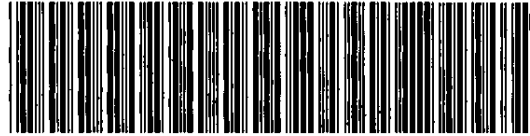
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

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COVER LETTER

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

SUBJECT: Advanced Endodontics and Microscopic Surgery of Florida, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: James W Sainsbury, D.M.D.

Name (Printed or typed)

2275 SE 8th Court

Address

Pompano Beach, Florida 33062

City, State & Zip

954-999-2384

Daytime Telephone number

drjim100@hotmail.com

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

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

Advanced Endodontics and Microscopic Surgery of Florida, P.A.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address
7737 N University Drive, Suite 204

Mailing address, if different is: _____

Tamarac Fl 33321

ARTICLE III PURPOSE

Practice of Dentistry
The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

10
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

James W Sainsbury DMD, President
Name and Title: _____

2275 SE 8th Court
Address: _____

Pompano Beach Fl 33062

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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TALLAHASSEE FLORIDA

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: James W Sainsbury DMD

Address: 2275 SE 8th Court

Pompano Beach FL 33062

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: James W Sainsbury DMD

Address: 2275 SE 8th Court

Pompano Beach FL 33062

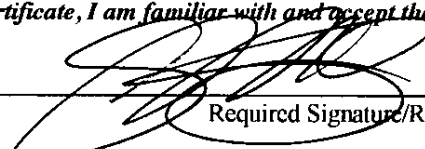
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

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.

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

June 1 2016

Date

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

June 1 2016

Date