

P19000042490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

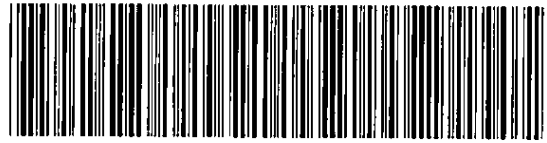
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MAY 21 2019



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FILED  
19 MAY 22 AM 11:34  
100329762751  
05/22/19--01004--009  
TALLAHASSEE, FLORIDA

RECEIVED  
19 MAY 22 AM 11:23  
TALLAHASSEE, FLORIDA

# SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 5/22/2019

**\*\*WALK IN\*\***

ENTITY NAME AFFORDABLE DENTURES & IMPLANTS - NORTH JACKSONVILLE II, P.A.

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXX

Plain Copy

Certified Copy

Certificate of Status

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

Certified Copy of Arts & Amendments

Certificate of Good Standing

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$70.00

CHECK # 6147

Please call Tina at the above number for any issues or concerns. Thank you so much!

## COVER LETTER

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

SUBJECT: Affordable Dentures & Implants - North Jacksonville 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      ☐ \$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: Jen Singleton

Name (Printed or typed)

629 Davis Drive, Suite 300

Address

Morrisville, NC 27560

City, State & Zip

(984) 328-4183

Daytime Telephone number

jennifer.singleton@affordablecare.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

Affordable Dentures & Implants - North Jacksonville II, P.A.  
The name of the corporation shall be:

## ARTICLE II PRINCIPAL OFFICE

Principal street address

800 Dunn Avenue

Jacksonville, FL 32218

Mailing address, if different is:

629 Davis Drive, Suite 300

Morrisville, NC 27560

## ARTICLE III PURPOSE

Dental Services  
The purpose for which the corporation is organized is:

## ARTICLE IV SHARES

1,000  
The number of shares of stock is:

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael Kantor, DDS - President

Address: 800 Dunn Avenue

Jacksonville, FL 32218

Name and Title: David G. Slezak - Sec & Asst. Treas

Address: 629 Davis Drive, Suite 300

Morrisville, NC 27560

Name and Title: Trem Rentfrow - Treas & Asst. Sec

Address: 629 Davis Drive, Suite 300

Morrisville, NC 27560

Name and Title: Randal G. Ammons - Asst. Sec

Address: 629 Davis Drive, Suite 300

Morrisville, NC 27560

Name and Title: Kathy Miller - Asst. Sec

Address: 629 Davis Drive, Suite 300

Morrisville, NC 27560

Name and Title: Susan Kinsey - Asst. Sec

Address: 629 Davis Drive, Suite 300

Morrisville, NC 27560

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CLERK OF SUPERIOR COURT  
JACKSONVILLE, FLORIDA

Name and Title: Brett Gaines - Asst. Sec

Address: 629 Davis Drive, Suite 300  
Morrisville, NC 27560

Name and Title: Jena Taft - Asst. Sec

Address: 629 Davis Drive, Suite 300  
Morrisville, NC 27560

**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: 1200 South Pine Island Road  
Plantation, FL 33324

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is

Name: Michael Kantor, DDS

Address: 800 Dunn Avenue  
Jacksonville, FL 32218

**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 days prior or 90 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*

NRAI Services, Inc.

Natalie Leiba - Paul

Natalie Leiba-Paul - Assistant Secretary

Required Signature/Registered Agent

May 22, 2019

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.*

Michael Kantor DDS

Required Signature/Incorporator

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19 MAY 22 AM 11:34  
STATE  
FLORIDA