# P19000070793

(F	Requestor's Name)	
(A	ddress)	
(A	ddress)	
(C	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
· (É	Business Entity Name)	
(0	ocument Number)	<del></del>
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	

Office Use Only

+1



300333787683

300333787683 09/15/19--01003--014 \*\*78.75

2819 SEP 16 AM 8: 43
SECRETARY OF STATE.

43 201 SEP 18 AN il:

SEP 1 is 2019 K Brumbley

## Sunshine State Corporate Compliance Company

### 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 9/16/2019	<u> </u>		
		**WALK	<i>I</i> N≠
ENTITY NAME AFFO	RDABLE DENTURES & IMPLANTS - KISSIMMEE II, P.A.		
DOCUMENT NUMBER	· · · · · · · · · · · · · · · · · · ·		
	**PLEASE FILE THE ATTACHED AND RETURN**		
	Plain Copy		
XXXX	Certified Copy		
	Certificate of Status		
	· · · · · · · · · · · · · · · · · · ·	2012	
	·	SEP	
:	*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**	<u></u>	
	Cottied Connat A to la A . I a to	=	. ;
	Certified Copy of Arts & Amendments  Certificate of Good Standing		<i>;</i>
	Certificate of Good Standing.	ω 4- 	
	**APOSTILLE' / NOTARIAL CERTIFICATION**		
	THE CONTRACT OF THE CONTRACT O		
COUNTRY OF DESTINA	ATION		
NUMBER OF CERTIFIC	ATES REQUESTED		
TOTAL OWED 78.75	снеск # <sup>6603</sup>		
Please call Tina at	the above number for any issues or concerns, <b>Thank you</b>	en much!	

#### **COVER LETTER**

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

SUBJECT: Affor	dable Dentures & Implants - Kissimme		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an or	riginal and one (1) copy of the art	icles of incorporation and	d a check for:
□ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	7 T REQUIRED
FROM: _	en Singleton		
	Name	e (Printed or typed)	
63	29 Davis Drive, Suite 300		
_		Address	
N	forrisville, NC 27560		
<del>, _</del>	City,	State & Zip	
(9	984) 328-4183		
<del></del>	Daytime T	elephone number	<del></del>
je	nnifer.singleton@affordablecare.com		
<u>-</u>	E-mail address: (to be use	d for future annual report i	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)

	Affordable Dentures & Imp			
ARTICLE II PRIN	Principal street address		Mailing address, if different is:	
1271 W. Osceola Park			is Drive, Suite 300	
Kissimmee, FL 34741		Momsvi	ille, NC 27560	
ARTICLE III PURI The purpose for which	the corporation is organized is:	ervices		
•				20
			AHA Y	SE SE
			(Si)	<u></u>
			1	: [
				_
			ORIG ORIG	• •
ARTICLE IV SHALE The number of shares of			02.1.3	) <b>š</b>
ARTICLE IV SHAI The number of shares o			ONICA ONICA	, <sub>1</sub>
The number of shares of	f stock is:			
The number of shares of	f stock is:	Name and Title	David G. Slezak - Sec & Asst. To	
The number of shares of	f stock is:	Name and Title		
The number of shares of ARTICLE V INITION  Name and Tit	f stock is:		David G. Slezak - Sec & Asst. T	
The number of shares of ARTICLE V INITION  Name and Tit	AL OFFICERS ANDIOR DIRECTORS  Sabrina Nguyen, DMD - President  1271 W. Osceola Parkway		David G. Slezak - Sec & Asst. To 629 Davis Drive, Suite 300	
The number of shares of ARTICLE V INITION  Name and Tit	f stock is:  AL OFFICERS ANDIOR DIRECTORS  Sabrina Nguyen, DMD - President  1271 W. Osceola Parkway  Kissimmee, FL 34741  Trent Rentfrow - Treas & Asst. Sec		David G. Slezak - Sec & Asst. To 629 Davis Drive, Suite 300 Morrisville, NC 27560	
The number of shares of ARTICLE V INITA  Name and Tit  Address  Name and Titl	f stock is:  AL OFFICERS ANDIOR DIRECTORS  Sabrina Nguyen, DMD - President  1271 W. Osceola Parkway  Kissimmee, FL 34741  Trent Rentfrow - Treas & Asst. Sec	Address:  Name and Title	David G. Slezak - Sec & Asst. To 629 Davis Drive, Suite 300 Morrisville, NC 27560	
The number of shares of ARTICLE V INITA  Name and Tit  Address	AL OFFICERS ANDIOR DIRECTORS  Sabrina Nguyen, DMD - President  1271 W. Osceola Purkway  Kissimmee, FL 34741  Trent Rentfrow - Treas & Asst. Sec	Address:	David G. Slezak - Sec & Asst. To 629 Davis Drive, Suite 300 Morrisville, NC 27560	
The number of shares of ARTICLE V INITA  Name and Tit  Address  Name and Titl	AL OFFICERS ANDIOR DIRECTORS  le: Sabrina Nguyen, DMD - President  1271 W. Osceola Parkway  Kissimmee, FL 34741  e: Trent Rentfrow - Treas & Asst. Sec  629 Davis Drive, Suite 300	Address:  Name and Title	David G. Slezak - Sec & Asst. To 629 Davis Drive, Suite 300 Morrisville, NC 27560 Jena Taft - Asst. Sec 629 Davis Drive, Suite 300	
The number of shares of ARTICLE V INITA  Name and Tit  Address  Name and Titl	f stock is:  AL OFFICERS ANDIOR DIRECTORS  Be:  Sabrina Nguyen, DMD - President  1271 W. Osceola Purkway  Kissimmee, FL 34741  Trent Rentfrow - Treas & Asst. Sec  629 Davis Drive, Suite 300  Morrisville, NC 27560  Kathy Miller - Asst. Sec	Address:  Name and Title	David G. Slezak - Sec & Asst. To 629 Davis Drive, Suite 300  Morrisville, NC 27560  Jena Taft - Asst. Sec 629 Davis Drive, Suite 300  Morrisville, NC 27560  Susan Kinsey - Asst. Sec	
The number of shares of ARTICLE V INITA  Name and Tit  Address  Name and Titl  Address	f stock is:  AL OFFICERS ANDIOR DIRECTORS  Be:  Sabrina Nguyen, DMD - President  1271 W. Osceola Purkway  Kissimmee, FL 34741  Trent Rentfrow - Treas & Asst. Sec  629 Davis Drive, Suite 300  Morrisville, NC 27560  Kathy Miller - Asst. Sec	Address:  Name and Title Address:	David G. Slezak - Sec & Asst. To 629 Davis Drive, Suite 300  Morrisville, NC 27560  Jena Taft - Asst. Sec 629 Davis Drive, Suite 300  Morrisville, NC 27560  Susan Kinsey - Asst. Sec	

ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Name:  NRAI Services, Inc.  1200 South Fine Island Road Plantation, FL 33324  ARTICLE VII INCORPORATOR The name und address of the Incorporator is:  Name:  Sabrina Nguyen, DMD  1271 W. Oscoola Parkway  Kissimmee, FL 34741  ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (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 this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  Link General Assistant Sections  Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.  09/03/2019	Name and	1 Title: Brett Gaines - Asst. Sec	Name and Title:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Name:  NRAI Services, inc.  1200 South Pine Island Road Plantation, FL 33324  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name:  Sabrina Nguyen, DMD  1271 W. Osceola Parkway  Kissimmee, FL 34741  ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (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 this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  Particular Part	Address	629 Davis Drive, Suite 300	Address:
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Name:  NRAI Services, Inc.  1200 South Pine Island Road  Plantation, FL 33324   ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name:  Sabrina Nguyen, DMD  1271 W. Osceola Parkway  Kissimmec, FL 34741   ARTICLE VIII EFFECTIVE DATE:  Effective date, if other than the date of filing:  (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 this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  Lead - Paul Assistant Secretary  Is submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in document to the Department of State constitutes a third degree felony as provided for in \$2817.155, F.S.  69/03/2019		Morrisville, NC 27560	
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Name:  NRAI Services, Inc.  1200 South Pine Island Road  Plantation, FL 33324   ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name:  Sabrina Nguyen, DMD  1271 W. Osceola Parkway  Kissimmec, FL 34741   ARTICLE VIII EFFECTIVE DATE:  Effective date, if other than the date of filing:  (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 withis certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  Paul Assistant Secretary  Natable Leiba-Paul - Assistant Secretary  Is submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in document to the Department of State constitutes a third degree felony as provided for in s \$17.155, F.S.  69/03/2019			
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Name:  NRAI Services, Inc.  1200 South Pine Island Road  Plantation, FL 33324   ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name:  Sabrina Nguyen, DMD  1271 W. Osceola Parkway  Kissimmec, FL 34741   ARTICLE VIII EFFECTIVE DATE:  Effective date, if other than the date of filing:  (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 withis certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  Lead - Paul Assistant Secretary  Natable Leiba-Paul - Assistant Secretary  Is submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in document to the Department of State constitutes a third degree felony as provided for in s. 2817.155, F.S.  69/03/2019			
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Name:  NRAI Services, Inc.  1200 South Pine Island Road  Plantation, FL 33324   ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name:  Sabrina Nguyen, DMD  1271 W. Osceola Parkway  Kissimmec, FL 34741   ARTICLE VIII EFFECTIVE DATE:  Effective date, if other than the date of filing:  (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 withis certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  Lead - Paul Assistant Secretary  Natable Leiba-Paul - Assistant Secretary  Is submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in document to the Department of State constitutes a third degree felony as provided for in s. 2817.155, F.S.  69/03/2019	4 DT 1/1 D 1/1   1	projementa acent	
Address:    1200 South Pine Island Road			able) of the registered agent is:
ARTICLE VII INCORPORATOR  The name and address of the incorporator is:  Name:  Sabrina Nguyen, DMD  ARTICLE VIII EFFECTIVE DATE:  Effective date, if other than the date of filing:  (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 this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  Salvalue Leiba-Paul - Assistant Secretary  I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  (99/03/2019)	Name:	NRAI Services, Inc.	
Plantation, FL 33324  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name:  Sabrina Nguyen, DMD  1271 W. Osceola Parkway  Kissimmec, FL 34741   ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:  (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 this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  Required Signature/Registered Agent  Natable Leiba-Paul - Assistant Secretary  I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  09/03/2019	Address:	1200 South Pine Island Road	
The name and address of the Incorporator is:  Name:  Sabrina Nguyen, DMD  1271 W. Osceola Parkway  Kissimmec, FL 34741   ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (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 this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  Required Signature/Registered Agent  Natable Leiba-Paul - Assistant Secretary  I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  09/03/2019	. 144.000.	Plantation, FL 33324	
The name and address of the Incorporator is:  Name:  Sabrina Nguyen, DMD  1271 W. Osceola Parkway  Kissimmec, FL 34741   ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (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 this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  Required Signature/Registered Agent  Natable Leiba-Paul - Assistant Secretary  I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  09/03/2019	ARTICLE VII	INCORPORATOR	
Name:    Sabrina Nguyen, DMD			
Address:    1271 W. Osceola Parkway	i ne <u>name and ad</u>	- ·-	
ARTICLE VIII EFFECTIVE DATE:  Effective date, if other than the date of filing:  (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 this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  Required Signature/Registered Agent  Natalie Leiba-Paul - Assistant Secretary  I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in document to the Department of State constitutes a third degree felony as provided for in s \$17.155, F.S.	Name:	Saorina (vguyen, 15)vito	<del></del>
ARTICLE VIII EFFECTIVE DATE:  Effective date, if other than the date of filing:	Address:	1271 W. Osceola Parkway	
Effective date, if other than the date of filing:  (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 this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  Required Signature/Registered Agent  Natalie Leiba-Paul - Assistant Secretary  I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.  09/03/2019		Kissimmee, FL 34741	
Effective date, if other than the date of filing:  (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 this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  Required Signature/Registered Agent  Natalie Leiba-Paul - Assistant Secretary  I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.  09/03/2019	ARTICLE VIII	EFFECTIVE 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.  Having been named as registered agent to accept service of process for the above stated corporation at the place designated this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  Required Signature/Registered Agent  Natalle Leiba-Paul - Assistant Secretary  I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in document to the Department of State constitutes a third degree felony as provided for in \$817.155, F.S.	Effective date, if	other than the date of filing:	(OPTIONAL)
Having been named as registered agent to accept service of process for the above stated corporation at the place designated this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity    Color - Paul   99/16/19     Required Signature/Registered Agent   Date     Natalie Leiba-Paul - Assistant Secretary   I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in document to the Department of State constitutes a third degree felony as provided for in \$817.155, F.S.		ate is listed, the date must be specific and	cannot be more than five days prior or 90 days after the
Having been named as registered agent to accept service of process for the above stated corporation at the place designated this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity    Color - Paul   99/16/19     Required Signature/Registered Agent   Date     Natalie Leiba-Paul - Assistant Secretary   I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in document to the Department of State constitutes a third degree felony as provided for in \$817.155, F.S.    09/03/2019			
this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity    Color - Paul   69/16/19     Required Signature/Registered Agent   Date     Natalie Leiba-Paul - Assistant Secretary     I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.    09/03/2019	the document's ef	fective date on the Department of State's re	cords.
Required Signature/Registered Agent  Natalie Leiba-Paul - Assistant Secretary  I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.  09/03/2019			
Required Signature/Registered Agent  Natalie Leiba-Paul - Assistant Secretary  I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.  09/03/2019	1. P.	D o	20/14/10
I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  09/03/2019	- Ment	Required Signature/Registered Age	nt Date
document to the Department of State constitutes a third degree felony as provided for in s 817.155, F S.  09/03/2019		- Assistant Secretary	
	$\perp$	- A	09/03/2019
/ OLDBURG TREATHER AND	Rednir	red Signaturo Incorporator	Date