

P19000070793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

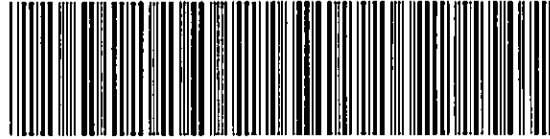
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2019 SEP 16 AM 8:43

2019 SEP 16 AM 11:39

SEP 16 2019

K Brumley

**Sunshine State Corporate Compliance Company**

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 9/16/2019

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

ENTITY NAME AFFORDABLE DENTURES & IMPLANTS - KISSIMMEE 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*

2019 SEP 16 AM 11:34

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

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

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

TOTAL OWED 78.75

CHECK # 6603

*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 - Kissimmee 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**

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

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1271 W. Osceola Parkway  
Kissimmee, FL 34741

Mailing address, if different is:  
629 Davis Drive, Suite 300  
Morrisville, NC 27560

**ARTICLE III PURPOSE**

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

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

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

Name and Title: Sabrina Nguyen, DMD - President

Address 1271 W. Osceola Parkway  
Kissimmee, FL 34741

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

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

Name and Title: Trent Rentfrow - Treas & 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

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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Name and Title: Brett Gaines - Asst. Sec Name and Title: \_\_\_\_\_  
Address: 629 Davis Drive, Suite 300 Address: \_\_\_\_\_  
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: Sabrina Nguyen, DMD  
Address: 1271 W. Osceola Parkway  
Kissimmee, FL 34741

**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*

Natalie Leiba - Paul  
Required Signature/Registered Agent  
Natalie Leiba-Paul - Assistant Secretary

09/16/19  
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.*

[Signature]  
Required Signature/Incorporator

09/03/2019  
Date