

P20000035686

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

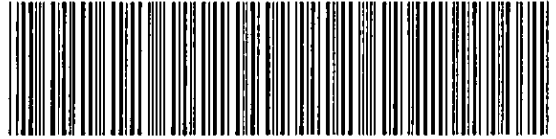
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer

Office Use Only



400344558534

FILED

2020 MAY 15 AM 10:47

FILED

NOT RECORDED

2020 MAY 15 PM 1:30

MAY 15 2020

NOT RECORDED

**Sunshine State Corporate Compliance Company**

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 05/15/2020

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

ENTITY NAME AFFORDABLE DENTURES & IMPANTS - NORTH LAUDERDALE III, 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

ACCOUNT #: I20160000072

*E R JNO*

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 Lauderdale III, 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  
  
jenntier.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 - North Lauderdale III, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1293 South State Road 7

North Lauderdale, FL 33068

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: Adil Khan, DMD - President

Address: 1293 South State Road 7

North Lauderdale, FL 33068

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

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: Adil Khan, DMD  
Address: 1293 South State Road 7  
North Lauderdale, FL 33068

**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*

Patricia A. Boverie Patricia A. Boverie, Asst. Secretary 05/14/2020  
Required Signature/Registered Agent 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] 03/09/2020  
Required Signature/Incorporator Date