

P20000044559

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

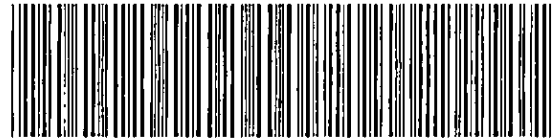
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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JUN 18 2020

Ambley

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 6/18/2020

****WALK IN****

ENTITY NAME AFFORDABLE DENTURES & IMPLANTS - WINTER HAVEN 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

ACCOUNT #: 120160000072

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 - Winter Haven 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 - Winter Haven II, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address
426 Citi Centre Street, Bay R-10

Winter Haven, FL 33880

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: Amel Hassan, DDS - President

Address: 426 Citi Centre Street, Bay R-10
Winter Haven, FL 33880

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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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: Amel Hassan, DDS
Address: 426 Citi Centre Street, Bay R-10
Winter Haven, FL 33880

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

By: NRAI Services, Inc. Natalie Leiba-Paul - Assistant Secretary June 18, 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.

Required Signature/Incorporator 6/15/2020
Date