P20000053381

(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:

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SECRETARY OF STATE
TALLAHASSEE, FL

IN CU...

JUL 2...

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 07/20/2020

WALK IN

ENTITY NAME AFFORDABLE DENTURES & IMPALNTS - NEW PORT RICHEY 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

20 JUL 20 AM 11:55

TOTAL OWED $70.00

ACCOUNT #: I20160000072

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 - New Port Richey 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 Filing Fee
- ☐ $78.75 Filing Fee & Certificate of Status
- ☐ $78.75 Filing Fee & Certified Copy
- ☐ $87.50 Filing Fee, 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.

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SECRETARY OF STATE
TALLAHASSEE, FL

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 - New Port Richey II, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different is:
8579 Little Road	629 Davis Drive, Suite 300
New Port Richey, FL 34654	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: Caroline Molinari, DMD - President
Address: 8579 Little Road
New Port Richey, FL 34654

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

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

Name and Title:

Address:

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: Caroline Molinari, DMD

Address: 8579 Little Road
New Port Richey, FL 34654

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TALLAHASSEE, FL

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 - Assistant Secretary — July 20, 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 — 07/14/2020

Date