

P20000053381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

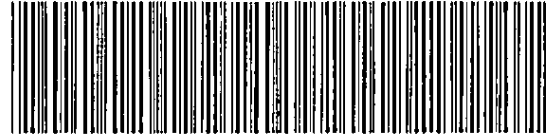
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

2:20 JUL 20 AM 10: 07

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IN CIP 111

JUL 21 2007

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 _____

TOTAL OWED \$70.00

ACCOUNT #: I20160000072

E R J

Please call Tina at the above number for any issues or concerns. Thank you so much!

20 JUL 20 AM 11:55

RECEIVED
NOTARY PUBLIC
TALLAHASSEE, FLORIDA

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 ☐ \$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.

FILED

2020 JUL 20 AM 10:07

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

8579 Little Road

New Port Richey, FL 34654

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: 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 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: Caroline Molinari, DMD
Address: 8579 Little Road
New Port Richey, FL 34654

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 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.

Cory M. Miller 07/14/2020
Required Signature/Incorporator Date

2020 JUL 20 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FL

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