

P20000079586

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

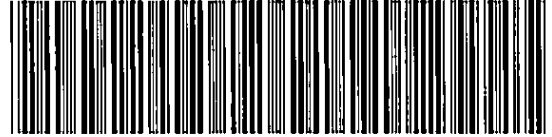
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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2020 OCT 13 11:29:49

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**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** 10/13/2020

- ☒ **CERTIFIED COPY** \_\_\_\_\_
- ☐ **PHOTOCOPY** \_\_\_\_\_
- ☐ **CUS** \_\_\_\_\_
- ☒ **FILING** INC. \_\_\_\_\_

1. **GENTLE DENTAL OF FLORIDA INC**  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: Gentle Dental of Florida Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

6600 S Gator Creek Blvd  
Sarasota, FL 34241

Mailing address, if different is:

6600 S Gator Creek Blvd  
Sarasota, FL 34241

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Dental Management Company

ARTICLE IV SHARES

The number of shares of stock is: 5,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dr. John M Borchers II, DPST

Address: 6600 S Gator Creek Blvd  
Sarasota, FL 34241

Name and Title: Dr. Oleg Kalsow, D

Address: 710 N Lemon Ave., Apt 218  
Sarasota, FL 34236

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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2020 OCT 13 AM 11:29  
CLERK OF CIRCUIT COURT  
SARASOTA COUNTY, FLORIDA

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Aker Law Firm, P.A. / Dusty Aker

Address: 240 S Pineapple Ave., Ste. 803

Sarasota, FL 34236

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Amanda J. Beren

Address: 31416 Agoura Rd., Suite 118

Westlake Village, CA 91361

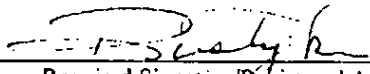
**ARTICLE VIII EFFECTIVE DATE:**

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*



Required Signature/Registered Agent

10/13/20

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

10/02/2020

Date