

**Electronic Articles of Incorporation  
For**

P20000098815  
FILED  
December 17, 2020  
Sec. Of State  
jsdennis

ALEXANDER D. LEVINE, D.M.D., P.A.

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

**Article I**

The name of the corporation is:

ALEXANDER D. LEVINE, D.M.D., P.A.

**Article II**

The principal place of business address:

6300 WHISKEY CREEK DR  
FORT MYERS, FL. US 33919

The mailing address of the corporation is:

P.O. BOX 60124  
FORT MYERS, FL. US 33906

**Article III**

The purpose for which this corporation is organized is:

ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS

**Article IV**

The number of shares the corporation is authorized to issue is:

100

**Article V**

The name and Florida street address of the registered agent is:

ALEXANDER D LEVINE  
6300 WHISKEY CREEK DR  
FORT MYERS, FL. 33919

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: ALEXANDER D. LEVINE

P20000098815  
FILED  
December 17, 2020  
Sec. Of State  
jsdennis

## **Article VI**

The name and address of the incorporator is:

ALEXANDER D. LEVINE  
P.O. BOX 60124

FORT MYERS, FLORIDA 33906

Electronic Signature of Incorporator: ALEXANDER D. LEVINE

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

## **Article VII**

The initial officer(s) and/or director(s) of the corporation is/are:

Title: P  
ALEXANDER D LEVINE  
P.O. BOX 60124  
FORT MYERS, FL. 33906 US

## **Article VIII**

The effective date for this corporation shall be:

01/01/2021