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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855) 498-5500
Fax Number : (800) 432-3622

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
EMERGENCY DENTAL CARE FLORIDA P.A.**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$78.75 |

J. FASON

FEB 19 2021

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Corporate Filing Menu

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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: Emergency Dental Care Florida P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address
745 Orienta Avenue, Suites 1071
Altamonte Springs, Florida 32701

Mailing address, if different is:
4245 South 143rd Street, Suite 7
Omaha, NE 68137

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The corporation is organized for the purpose of permitting individuals
who are appropriately licensed to practice dentistry through the corporation. The corporation shall have all of the powers and
privileges provided or permitted by the laws of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: David Sorensen, D.D.S. (President) Name and Title: Lourdes Cruz, D.M.D. (Secretary)

Address: 745 Orienta Avenue, Suites 1071 Address: 745 Orienta Avenue, Suites 1071
Altamonte Springs, Florida 32701 Altamonte Springs, Florida 32701

Name and Title: David Sorensen, D.D.S. (Director) Name and Title: _____

Address: 745 Orienta Avenue, Suites 1071 Address: _____
Altamonte Springs, Florida 32701

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: C T Corporation System
Address: 1200 South Pine Island Road
Plantation, FL 33324

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: David Sorensen, D.D.S.
Address: 745 Orienta Avenue, Suites 1071
Altamonte Springs, Florida 32701

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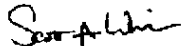
ARTICLE VIII EFFECTIVE DATE:

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



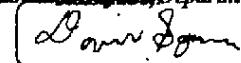
Scott A. White, Asst. Secy.

Required Signature/Registered Agent

2/18/2021

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

2/18/2021

Date

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