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Florida Department of State  
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**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**MidFlorida Endodontics Management Company, Inc.**

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$78.75

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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: MidFlorida Endodontics Management Company, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address

Mailing address, if different is:

2855 W. State Road 434, Ste 1021Longwood, Florida 32779**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Endodontics**ARTICLE IV SHARES**The number of shares of stock is: 1,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Brad Lipkin, President

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

Address 2855 W. State Rd 434, Ste 1021

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

Longwood, Florida 32779Name and Title: Aaron Isler, Vice President

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

Address 2855 W. State Rd 434, Ste 1021

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

Longwood, Florida 32779Name and Title: Brad Lipkin, Treasurer

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

Address 2855 W. State Rd 434, Ste 1021

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

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Name and Title: Aaron Isler Name and Title: \_\_\_\_\_  
Address: 2855 W. State Rd 434, Ste 1021 Address: \_\_\_\_\_  
Longwood, Florida 32779 \_\_\_\_\_  
\_\_\_\_\_

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

Name: Brad Lipkin  
Address: 2855 W. State Rd 434, Ste 1021  
Longwood, Florida 32779

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: Matthew M. Robbins c/o Greenberg Traurig  
Address: 401 E. Las Olas Blvd., Ste. 2000  
Fort Lauderdale, Florida 33301

**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*

/s/ Brad Lipkin

12/22/2021

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

12/22/2021

Date