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Division of Corporations

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516)935-3940
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**FLORIDA PROFIT/NON PROFIT CORPORATION
INSIGHT ENDODONTICS PA**

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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:

INSIGHT ENDODONTICS PA

ARTICLE II PRINCIPAL OFFICEPrincipal ~~street~~ address

887 GAZEBO CIRCLE APT 6101

WEST MELBOURNE, FL 32904

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: DENTISTRY

ARTICLE IV SHARES

The number of shares of stock is: 1,500 AT NO PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JON-MICHAEL SCALERCIO - PRESIDENT/DIRECTOR

Name and Title:

Address 887 GAZEBO CIRCLE APT 6101

Address:

WEST MELBOURNE, FL 32904

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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SECRETARY
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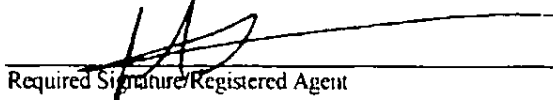
Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: JON-MICHAEL SCALERCIOAddress: 887 GAZEBO CIRCLE APT 6101
WEST MELBOURNE, FL 32904**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: JON-MICHAEL SCALERCIOAddress: 887 GAZEBO CIRCLE APT 6101
WEST MELBOURNE, FL 32904**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

JANUARY 10, 2022

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

JANUARY 10, 2022

Date

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SECRETARY OF STATE
TALLAHASSEE, FL

[Signature]

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