P22000006863

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2022 FEB -2 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312
(850) 656-4724

See Attached Rejection

DATE 02/02/2022

WALK IN

ENTITY NAME AFFORDABLE DENTURES & IMPLANTS - WEEKI WACHEE, P.A.

DOCUMENT NUMBER

PLEASE FILE THE ATTACHED AND RETURN

XXXXX Plain Copy
Certified Copy
Certificate of Status

PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY

Certified Copy of Arts & Amendments
Certificate of Good Standing

APOSTILLE / NOTARIAL CERTIFICATION

COUNTRY OF DESTINATION
NUMBER OF CERTIFICATES REQUESTED

TOTAL OWED $70.00

ACCOUNT #: I20160000072

Please call Tina at the above number for any issues or concerns. Thank you so much!

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TALLAHASSEE, FLORIDA

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Affordable Dentures & Implants – Weeki Wachee, P.A.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

- ☒ $70.00 Filing Fee
- ☐ $78.75 Filing Fee & Certificate of Status
- ☐ $78.75 Filing Fee & Certified Copy
- ☑ $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: Devin Burns, DDS.
Name (Printed or typed)

6278 Commercial Way
Address

Weeki Wachee, FL 34613
City, State & Zip

470-266-1350
Daytime Telephone number

acarelegal@affordablecare.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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: Affordable Dentures & Implants – Weeki Wachee, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address
6278 Commercial Way
Weeki Wachee, FL 34613

Mailing address, if different is:
629 Davis Drive, Suite 300
Morrisville, NC 27560

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Dentistry.

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TALLAHASSEE, FL

ARTICLE IV SHARES
The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Devin Burns, DDS, President
Address: 6278 Commercial Way
Weeki Wachee, FL 34613

Name and Title:
Address:

Name and Title: Anna Lasseter - Secretary
Address: 629 Davis Drive, Suite 300
Morrisville, NC 25560

Name and Title:
Address:

Name and Title: Jon Vitiello - Treasurer
Address: 629 Davis Drive, Suite 300
Morrisville, NC 25560

Name and Title:
Address:

Name and Title: Brett Gaines - Asst. Treasurer

Address: 629 Davis Drive, Suite 300
Morrisville, NC 25560

Name and Title:

Address:

ARTICLE VI REGISTERED AGENT

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

Name: NRAI Services, Inc.

Address: 1200 South Pine Island Road
Plantation, FL 33324

ARTICLE VII INCORPORATOR

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

Name: Devin Burns, DDS

Address: 6278 Commercial Way
Weeki Wachee, FL 34613

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

NRAI Services, Inc.
By: Natalie Leba-Paul - Assistant Secretary
Required Signature/Registered Agent

February 02, 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

Date 02/01/2022