

P22000006863

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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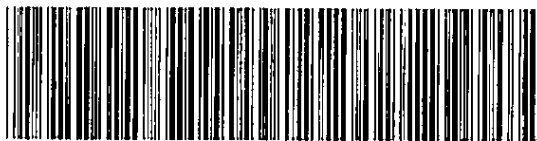
(Business Entity Name)

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STATE OF
ALABAMA, FLORIDA

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STATE OF
ALABAMA, 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:
628 Davis Drive, Suite 300
Morrisville, NC 27560

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Dentistry.

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 Name and Title: _____

Address: 6278 Commercial Way Address: _____
Weeki Wachee, FL 34613

Name and Title: Anna Lasseter - Secretary Name and Title: _____

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

Name and Title: Jon Vitiello - Treasurer Name and Title: _____

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

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SECRETARY OF STATE
ALLAHASSEE, FL

Name and Title: Brett Gaines - Asst. Treasurer

Name and Title: _____

Address

629 Davis Drive, Suite 300

Address: _____

Morrisville, NC 25560

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

By: NRAI Services, Inc.
Paul

Hilake Leiba-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.

Devin Burns
Required Signature/Incorporator.

Date

02/01/2022