# Pa2000013518

(Re	questor's Name)		
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PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Name	e)	
(Co	cument Number)		
(50	coment Number,		
Certified Copies	_ Certificates of	of Status	
Special Instructions to Filing Officer:			
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SECRETARY OF STATE OF

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# **CT CORP**

## 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

Date: 02/22/2022

	Acc#I20160000072
Name:	FL Southern Dental P.A.
Document #:	
Order #:	14172553
Certified Copy of Arts & Amend: Plain Copy:	
Certificate of Good Standing: Certified Copy of	
Continued Copy of	
Apostille/Notarial Certification:	Country of Destination:  Number of Certs:
Filing:	Certified:   Plain:  COGS:
Availability  Document  Examiner  Updater  Verifier  W.P. Verifier  Ref#	Amount: \$ 78.75

Thank you!

# **CT CORP**

## 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

**Date:** 02/22/2022

D	Acc#120160000072	
	Acc#I20160000072	
Name:	FL Southern Dental P.A.	
Document #:		
Order #:	14172553	
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of  Apostille/Notarial Certification:	Country of Destination:  Number of Certs:  Certified:  Plain: COGS:	
Availability		
Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$ 78.75	

Thank you!

### **COVER LETTER**

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

SUBJECT:	ithern Dental P.A.		
	(PROPOSED CORPOR	NTE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an ori	ginal and one (1) copy of the ar	ticles of incorporation and	I a check for:
: \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	& Certificate of Status
FROM:	lia G. Sowonik		_
	Nam	e (Printed or typed)	
ele	Ropes & Gray LLP, 191 N. Wacker	Dr., Floor 32	
<del></del>	·	Address	
Ch	icago, II., 60606		
	City, State & Zip		
31.	2-845-1304		
	Daytime	elephone number	

cfromme@stardentalpartners.com

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

E-mail address: (to be used for future annual report notification)

### ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)



ame of the corpora	FL Southern Dental P.A.		2022 FEB 22_AM 8
Whetstone Place, S	Principal street address	<u>58</u> 30 Gra	Mailing address, if different is: mite Parkway, Suite 780
ugustine, FL 3208	36	Plano, T.	
		<del></del>	
ICLETII PURP	OSE the corporation is organized is:	of dentistry.	
purpose for which i	me corporation is organized is:	<del></del>	
· · ·			<del></del>
			<del>- • · · · · · · · · · · · · · · · · · · </del>
		<u>.</u>	
	ES 1,000   stock is:	<u>_</u>	
number of shares of	stock is:  AL OFFICERS AND/OR DIRECTORS  Gregory Oxford, DDS, MS, PhD, Pres.	Name and Title	•
number of shares of	Stock is:  AL OFFICERS AND/OR DIRECTORS  Groups Oxford, DOS AIS, PhD, Proc.		Gregory Oxford, DDS, MS, PhD, Sec. 100 Whetstone Place, Suite 308
number of shares of  FICLE V INITE  Name and Title	stock is:  AL OFFICERS AND/OR DIRECTORS  Gregory Oxford, DDS, MS, PhD, Pres.	Name and Title	·
number of shares of  FICLE V INITE  Name and Title	AL OFFICERS AND/OR DIRECTORS  Gregory Oxford, DDS, MS, PhD, Pres.  100 Whetstone Place, Suite 308	Name and Title	100 Whetstone Place, Suite 308
number of shares of FICLE V INITE Name and Title Address	AL OFFICERS AND/OR DIRECTORS  Gregory Oxford, DDS, MS, PhD, Pres.  100 Whetstone Place, Suite 308  St. Augustine, FL 32086  Gregory Oxford, DDS, MS, PhD, Director	Name and Title Address:	100 Whetstone Place, Suite 308 St. Augustine, FL 32086
number of shares of TICLE V INITE  Name and Title  Address  Name and Title	AL OFFICERS AND/OR DIRECTORS  Gregory Oxford, DDS, MS, PhD, Pres.  100 Whetstone Place, Suite 308  St. Augustine, FL 32086  Gregory Oxford, DDS, MS, PhD, Director  100 Whetstone Place, Suite 308	Name and Title Address:  Name and Title	100 Whetstone Place, Suite 308  St. Augustine, FL 32086
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Name an	d Title:	Name and Title:	
Address	· · · · · · · · · · · · · · · · · · ·	Address:	
	REGISTERED AGENT	a Color and improved according	
	lorida street address (P.O. Box NOT acceptable C T Corporation System	e) of the registered agent is:	SEC 2022
Name:	1200 South Pine Island Road		CRETA
Address.	Plantation, FL 33324	<u> </u>	B 22
			7_1
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>		AM 8: 30 1
The name and ac	ddress of the Incorporator is:		B: 30 I
Name:	Gregory E. Oxford, DDS, MS, PhD		<del>-</del> 73
Address:	100 Whetstone Place, Suite 308		
	St. Augustine, FL 32086		
Effective date, if	EFFECTIVE DATE: other than the date of filing: ate is listed, the date must be specific and car	. (OPTIONAL) nnot be more than five days pr	ior or 90 days after the
	inserted in this block does not meet the applications of the Department of State's record		this date will not be listed as
this certificate, I d	ned as registered agent to accept service of proc am familiar with and accept the appointment as		
By: Canaly	Corporation System  Candice Pignatar	o, Asst. Secretary	02/21/22
	Required Signature/Registered Agent		Date
I submit this doc document to the I	ument and affirm that the facts stated herein a Department of State constitutes a third degree fe	are true. I am aware that the factiony as provided for in s.817.155	lse information submitted in a 5, F.S.
	Macailly Will Lorent Signature/Incorporator		02/21/22
Requi	red Signature/Idcorporator	<del></del>	/ Øate