

P22000017440

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

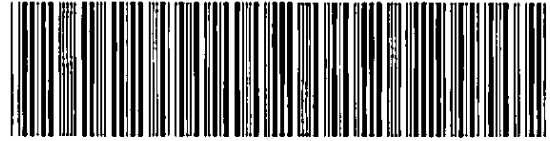
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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RECEIVED

2022 MAR -7 PM 12:26

OFFICE OF STATE
ALLAHASSEE, FLORIDA

ED

2022 MAR -7 AM 10:00

OFFICE OF STATE
ALLAHASSEE, FL

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 3/7/2022

****WALK IN****

ENTITY NAME AFFORDABLE DENTURES & IMPLANTS - CLEARWATER III, P.A.

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXX

XXXXXX

Plain Copy

Certified Copy

Certificate of Status

Both please ;

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certified Copy of Arts & Amendments Complete File (Including Annual Reports)

Certificate of Status

Certificate of Status Reflecting: _____

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$ 87.50

ACCOUNT # I20160000072

Eric DW

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

COVER LETTER

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

SUBJECT: Affordable Dentures & Implants - Clearwater III, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Sabina Vlaeva, DMD
Name (Printed or typed)

26258 U.S. Highway 19 N.
Address

Clearwater, FL 33761
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 - Clearwater III, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

26258 U.S. Highway 19 N.

Clearwater, FL 33761

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

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sabina Vlaeva, DMD, President Name and Title: _____

Address 26258 U.S. Highway 19 N. Address: _____

Clearwater, FL 33761 _____

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 _____

2012 MAR -7 AM 10:00
CLERK OF STATE
TAMM, S.B.E., FL
ED

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: Sabina Vlaeva, DMD

Address: 26258 U.S. Highway 19 N.

Clearwater, FL 33761

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

Natalie Leiba-Paul Natalie Leiba-Paul - Assistant Secretary
Required Signature/Registered Agent

March 07, 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.

Silke
Required Signature/Incorporator

3/6/2022

Date

RECEIVED
DEPT. OF STATE
TALLAHASSEE, FL
MAR 7 - 7 AM 10:00