

P22000032934

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

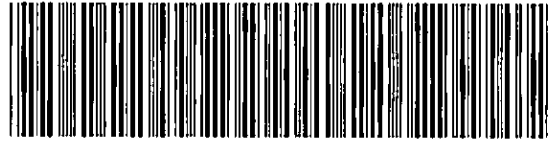
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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FILED

2022 MAY -3 PM 12:04

STATE OF FLORIDA  
TALLAHASSEE, FL

RECEIVED

2022 MAY -3 PM 3:18

CLERK OF SUPERIOR COURT  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

# ***Sunshine State Corporate Compliance Company***

*3458 Lakeshore Drive Tallahassee, Florida 32312*

(850) 656-4724

DATE 5/3/2022

**\*\*WALK IN\*\***

ENTITY NAME Affordable Dentures & Implants - St. Petersburg II, P.A.

DOCUMENT NUMBER \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
XXXXXX  
\_\_\_\_\_

*Plain Copy*  
*Certified Copy*  
*Certificate of Status*

***\*\*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 \$ 78.75

ACCOUNT # 120160000072

*em: c J2W*

*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 – St. Petersburg II, 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: Jamie Reynolds  
Name (Printed or typed)

629 Davis Drive, Suite 300  
Address

Morrisville, NC 27560  
City, State & Zip

984-328-4261  
Daytime Telephone number

licenses@affordablecare.com / 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 – St. Petersburg II, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

1965 34th Street N.

St. Petersburg, FL 33713

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: Andel Sinanan, DMD - President

Name and Title: \_\_\_\_\_

Address 1965 34th Street N.

Address: \_\_\_\_\_

St. Petersburg, FL 33713

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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2022 MAY -3 PM 12:04  
SECRETARY OF STATE  
TALLAHASSEE, 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: Andel Sinanan, DMD  
Address: 1965 34th Street N.  
St. Petersburg, FL 33713

**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: Natalie Leiba-Paul Natalie Leiba-Paul - Assistant Secretary 05/03/2022  
Required Signature/Registered Agent 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

5/3/22

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2022 MAY -3 PM 12:04  
SECRETARY OF STATE  
TALLAHASSEE, FL