(Re	questor's Name)	
(Ad	dress)	
	dress)	
(Ad-	uic33)	
(Cit	y/State/Zip/Phon€	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
	cument Number)	
(50	cument ribinidely	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
<u> </u>		





600390251626

S. CHATHAM

2022 JUL 15 AM 9: 55

RECEIVED

22 JUL 15 PH 9: 06

Sunshine State Corporate Compliance Company

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

DATE 07/15/2022			₩WALK IN*
ENTITY NAME Affordate	le Dentures & Implants - De	stin, P.A.	
DOCUMENT NUMBER			
	PLEASE FILE THE ATTAC	HED AND RETURN	
	Plain Copy		
XXXXXX	Certified Copy		
	Certificate of Status		
P_	EASE OBTAIN THE FOLLOWING	? FOR THE ABOVE ENTITY	
	Certified Copy of Arts & Amenda	nents	
	Certificate of Good Standing		
	APOSTILLE' / NOTARIA	L CERTIFICATION	
COUNTRY OF DESTINATI	ON		
NUMBER OF CERTIFICAT	ES REQUESTED		- JUL
TOTAL OWED \$78.75		ACCOUNT #: 120160000072 S & HH es or concerns. Thank you so	15 PH 9:
Please call Tina at the	above number for any issue	es or concerns. Thank you so	match/2

COVER LETTER

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

SUBJECT:		& Implants – Destin, P.A	
	(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	d a check for:
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☑ \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate of
		ADDITIONAL CO	Status PPY REQUIRED
FROM:		nie Reynolds (Printed or typed)	
		Drive, Suite 300	
-	A	ddress	
_	Morrisvil	le, NC 27560	
	City, S	State & Zip	
	984-	328-4261	
	Daytime To	elephone number	
	licenses@aff	fordablecare.com	
 _	E-mail address: (to be used	for future annual report of	otification)

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

22 JUL 15 PH 9: 00

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

	UNCIPAL OFFICE Principal street address	Mailing addr	ess, if different is:
4443 Commons Drive E.	, Sulte I-103	629 Davis Orive, Suite 300	
Destin, Ft. 32541		Morraville, NC 27560	
ARTICLE III PU	RPOSE		·
	ich the corporation is organized is: Dentis	try	
- -			
			
-			
IRTICLE IV SII	ARES s of stock is: 1000		
	TIAL OFFICERS AND/OR DIRECTORS		
Name and	Fitte: Tuan Le, DMD - President		
Addr e ss	4443 Commons Drive E., Suite I-	103 Address:	
	Destin FL 32541	-	
		-	
Name and T	itle: Anna Lasseter - Secretary	Name and Title:	
Name and T Address	itle: Anna Lasseter - Secretary 629 Davis Drive, Suite 300		<u> </u>
		Address:	84V 22
	629 Davis Drive, Suite 300	Address:	<u>. </u>
Address	629 Davis Drive, Suite 300 Morrisville, NC 25560	Address:	22 Jul. 15
Address	629 Davis Drive, Suite 300 Morrisville, NC 25560	Address:	22 Jul. 15

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: Tuan Le, DMD Address: 4443 Commons Drive E., Suite 1-103 Destin, FL 32541 ARTICLE VIII EFFECTIVE DATE: Diffective date, if other than the date of filing: (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 list 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 certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity NRAL Solves, Inc. NRAL Solves, Inc. Natalia Leiba-Paul - Assistant Secretary O7/15/2022 Required Signature-Registered Agent I submit this document and affirm that the facts stated herein ore true. I am aware that the fabs information submitted document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Required Signature-Incorporator Date Required Signature-Incorporator	Name and	Title: Brett Gaines - Asst. Treasurer	Name and Title:	
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: Tuan Le, DMD Address: 4443 Commons Drive E., Suite I-103 Destin, FL 32541 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 liste 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 is certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity NRAI Services. Inc. Natalle Leiba-Paul - Assistant Secretary 07/15/2022 Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the faise information submitted document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S. Required Signature-Incorporator Date	Address	629 Davis Drive, Suite 300	Address:	
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: Tuan Le, DMD Address: 4443 Commons Drive E., Suite I-103 Destin, FL 32541 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 liste 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 certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Required Signature-Incorporator Date 7/14/2022		Morrisville, NC 25560		
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: Tuan Le, DMD Address: 4443 Commons Drive E., Suite I-103 Destin, FL 32541 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 liste 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 certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Required Signature-Incorporator Date 7/14/2022				-
Address: 1200 South Pine Island Road Plantation, FL 33324 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Tuan Le, DMD Address: 4443 Commons Drive E., Suite I-103 Destin, FL 32541 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 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 certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity NRAL Society. Inc. Natalie Leiba-Paul - Assistant Secretary 07/15/2022 Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Required Signature-Incorporator Date			of the registered agent is:	
Plantation, FL 33324 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Tuan Le, DMD Address: 4443 Commons Drive E., Suite I-103 Destin, FL 32541 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 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 is certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity NRAL Sovices, Inc. Natalic Leiba-Paul - Assistant Secretary 07/15/2022 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 document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Required Signature-Incorporator	Name:	NRAI Services, Inc.		
The name and address of the Incorporator is: Name: Tuan Le, DMD Address: 4443 Commons Drive E., Suite I-103 Destin, FL 32541 ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (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 liste 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 is certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity By: NRALSCNICE, Inc. Natalle Leiba-Paul - Assistant Secretary 07/15/2022 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 document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Required Signature-Incorporator	Address:	1200 South Pine Island Road		
The name and address of the Incorporator is: Name: Tuan Le, DMD Address: 4443 Commons Drive E., Suite I-103 Destin, FL 32541 ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: ((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 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 it certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity By: NRALServices, Inc. Natalie Leiba-Paul - Assistant Secretary 07/15/2022 Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Required Signature-Incorporator Date		Plantation, FL 33324		
Name: Tuan Le, DMD Address: 4443 Commons Drive E., Suite 1-103 Destin, FL 32541 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 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 is certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity NRAL Services, Inc. Notalie Leiba-Paul - Assistant Secretary 07/15/2022 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 document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Required Signature-Incorporator Date Required Signature-Incorporator	ARTICLE VII I	NCORPORATOR		
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (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 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 is certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity By: NRALS@ices. Inc. Natalie Leiba-Paul - Assistant Secretary O7/15/2022 Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Required Signature-Incorporator Date Required Signature-Incorporator	The name and add	ress of the Incorporator is:		
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (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 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 is certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity NRAL Services, Inc. By: Natalie Leiba-Paul - Assistant Secretary O7/15/2022 Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Required Signature-Incorporator Date	Name:	Tuan Le, DMD		
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date, if other than the date of filing: (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 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 is certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity By: NRAL Services, Inc. Natalie Leiba-Paul - Assistant Secretary O7/15/2022 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 document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. 7/14 2022	Address:	4443 Commons Drive E., Suite I	<u>-1</u> 03	
Effective date, if other than the date of filing:		Destin, FL 32541		
Effective date, if other than the date of filing:				
(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 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 is certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity NRAL Services, Inc. Natalie Leiba-Paul - Assistant Secretary 07/15/2022 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 document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Required Signature-Incorporator Date			(ODTIONAL)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed 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 is certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity NRALServices, Inc. Notalie Leiba-Paul - Assistant Secretary 07/15/2022 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 document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Required Signature Incorporator	(If an effective da	te is listed, the date must be specific and can	(OPTIONAL) not be more than five days prior or 90	days after the
Having been named as registered agent to accept service of process for the above stated corporation at the place designated is certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity NRAL Services, Inc. Natalie Leiba-Paul - Assistant Secretary 07/15/2022 Required Signature/Registered Agent Date	•			
Required Signature Incorporator NRAL Services, Inc. Natalie Leiba-Paul - Assistant Secretary Natalie Leiba-Paul - Assistant Secretary O7/15/2022 Required Signature/Registered Agent Date Natalie Leiba-Paul - Assistant Secretary O7/15/2022 Date Date This document and affirm that the facts stated herein are true. I am aware that the false information submitted document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Required Signature Incorporator Date				e will not be liste
Required Signature Incorporator NRAL Services, Inc. Natalie Leiba-Paul - Assistant Secretary Natalie Leiba-Paul - Assistant Secretary O7/15/2022 Required Signature/Registered Agent Date Natalie Leiba-Paul - Assistant Secretary O7/15/2022 Date Date This document and affirm that the facts stated herein are true. I am aware that the false information submitted document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Required Signature Incorporator Date		·		
By: NRAL Services, Inc. Required Signature/Registered Agent Natalie Leiba-Paul - Assistant Secretary 07/15/2022 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 document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Required Signature Incorporator Date	Having been name certificate, I am far	d as registered agent to accept service of process niliar with and accept the appointment as regist	for the above stated corporation at the pered agent and agree to act in this capac	olace designated i. city
Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. 7/14=0227	NRAI SÁ	vices, Inc.		-
Required Signature Incorporator Date Date Constitutes a third degree felony as provided for in s.817.155, F.S.			<u> </u>	
Required Signature Incorporator Date	I submit this document to the De	ment and affirm that the facts stated herein a	e true. I am aware that the false infor	mation submitted
Required Signature/Incorporator Date		раннет ој зние сопъшиех и ти иедгее јао	ny us provided for in 3.617.133, 1°.5.	7/1/2 CCGeth 1/7
σ_{i}	Required Signature	Incomporator	Date	1114/2/22
PH 9: (•	2 410	5
9				Hd
				ė.

•