

P22000056260

(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



600390251626

S. CHATHAM
JUL 15 2022

RECEIVED
2022 JUL 15 AM 9:55
ALLAHASSEE, FL

22 JUL 15 PM 9:06

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 07/15/2022

****WALK IN****

ENTITY NAME Affordable Dentures & Implants - Destin, 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

Certificate of Good Standing

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

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$78.75

ACCOUNT #: I20160000072

S. R. J. H.

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

22 JUL 15 PM 9:06

COVER LETTER

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

SUBJECT: Affordable Dentures & Implants – Destin, 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

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$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
E-mail address; (to be used for future annual report notification)

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

22 JUL 15 PM 9:06

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 – Destin, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address
4443 Commons Drive E., Suite I-103
Destin, FL 32541

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: Tuan Le, DMD - President Name and Title: _____

Address 4443 Commons Drive E., Suite I-103 Address: _____

Destin FL 32541 _____

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 _____

FILED
DIVISION
22 JUL 15 PM 9:05
CLERK

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: 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 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. Natalie Leiba-Paul - Assistant Secretary 07/15/2022
Natalie Leiba-Paul 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.

Tuan Le
Required Signature-Incorporator

Date

22 JUL 15 PM 9:06
7/14/2022