

P22000081761

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

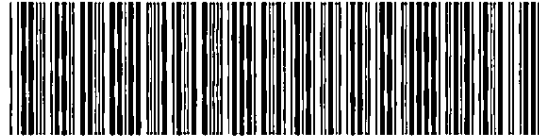
(Business Entity Name)

(Document Number)

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S. CHATHAM

OCT 27 2022

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DIVISION OF CORPORATION  
22 OCT 27 AM 10: 25

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2022 OCT 27 AM 10: 49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Sunshine State Corporate Compliance Company**

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 10/27/2022

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

ENTITY NAME Affordable Dentures & Implants - Bradenton, P.A.

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

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

XXXXX  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*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 \$70

ACCOUNT #: I20160000072

*S. R. J. M.*

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

**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 - Bradenton, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
641 Cortez Rd. W  
Bradenton, FL 34207

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: Dental Services

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**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Michael Powell, DDS - President Name and Title: Brett Gaines - Assistant Treasurer

Address 641 Cortez Rd. W Address: 629 Davis Drive, Suite 300  
Bradenton, FL 34207 Morrisville, NC 27560

Name and Title: Anna Lasseter - Secretary Name and Title: \_\_\_\_\_

Address 629 Davis Drive, Suite 300 Address: \_\_\_\_\_  
Morrisville, NC 27560

Name and Title: Jon Vitiello - Treasurer Name and Title: \_\_\_\_\_

Address 629 Davis Drive, Suite 300 Address: \_\_\_\_\_  
Morrisville, NC 27560

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

**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: Michael Powell, DDS  
 Address: 641 Cortez Rd. W  
Bradenton, FL 3420

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**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 NRAI Services, Inc. Natalie Leiba-Paul - Assistant Secretary October 27, 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.*

Michael Powell, DDS - President Required Signature/Incorporator Date 10.17.2022