

P22000081761

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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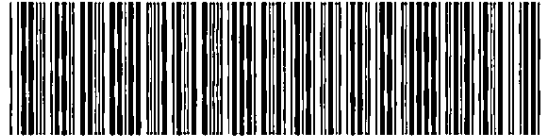
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S. CHATHAM

OCT 27 2022

FILED
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DIVISION OF CORPORATION
22 OCT 27 AM 10:25

RECEIVED
2022 OCT 27 AM 10:49
OFFICE OF THE
CLERK OF THE
SOUTH 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. H

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

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 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 Michael Powell, DDS - President Date 10.17.2022

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