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Florida Department of State
Division of Corporations
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To:

Division of Corporations
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From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP
Account Number : 075500004387
Phone : (813)229-7600
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: bspeyer@shumaker.com

FLORIDA PROFIT/NON PROFIT CORPORATION
Children's Dentistry Management, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be Children's Dentistry Management, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address14011 11th Ter NEBradenton, Florida 34212

Mailing address, if different is

14011 11th Ter NEBradenton, Florida 34212**ARTICLE III PURPOSE**The purpose for which the corporation is organized is practice management**ARTICLE IV SHARES**The number of shares of stock is 1,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title Bryan Morgan, PresidentAddress 14011 11th Ter NEBradenton, Florida 34212Name and Title Bryan Morgan, DirectorAddress 14011 11th Ter NEBradenton, Florida 34212Name and Title Lori Morgan, SecretaryAddress 14011 11th Ter NEBradenton, Florida 34212Name and Title Lori Morgan, Vice PresidentAddress 14011 11th Ter NEBradenton, Florida 34212Name and Title Lori Morgan, DirectorAddress 14011 11th Ter NEBradenton, Florida 34212

Name and Title _____

Address _____

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Name and Title _____	Name and Title _____
Address _____	Address _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is

Name, Bryan Morgan

Address, 14011 11th Ter NE

Bradenton, Florida 34212

ARTICLE VII INCORPORATORThe name and address of the Incorporator is.

Name, Bryan Morgan

Address 14011 11th Ter NE

Bradenton, Florida 34212

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*

<u>Bryan Morgan</u>	<u>12/09/2022</u>
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.

<u>Bryan Morgan</u>	<u>12/09/2022</u>
Required Signature/Incorporator	Date