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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION

Orofacial & Dental Implants Surgery Associates Holdings, P.A.

Certificate of Status	0
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COVER LETTER

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

SUBJECT: Orofacial & Dental Implants Surgery Associates Holdings, 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

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
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 Status
ADDITIONAL COPY REQUIRED

FROM: Lisa Murphy, Paralegal, Dykema Gossett PLLC

Name (Printed or typed)

112 E. Pecan Street, Suite 1800

Address

San Antonio, Texas 78205

City, State & Zip

(210) 554-5317

Daytime Telephone number

lmurphy@dykema.com

E-mail address: (to be used for future annual report notification)

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

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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: Orofacial & Dental Implants Surgery Associates Holdings, P.A.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

7352 Stonerock Circle, Suite AOrlando, Florida 32819**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: To provide dental services through licensed dentists and other dental professionals**ARTICLE IV SHARES**The number of shares of stock is: 1,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Dr. Ofilio J. Morales, PresidentName and Title: Dr. Zakir Shaikh, Vice PresidentAddress 7352 Stonerock Circle, Suite A
Orlando, Florida 32819Address: 7352 Stonerock Circle, Suite A
Orlando, Florida 32819Name and Title: Dr. Luis Fernando Alicea, Vice PresidentName and Title: Dr. Ludmils Antonos, Vice PresidentAddress 7352 Stonerock Circle, Suite A
Orlando, Florida 32819Address: 7352 Stonerock Circle, Suite A
Orlando, Florida 32819

Name and Title: _____

Name and Title: _____

Address _____

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: Dr. Ofilio J. Morales
Address: 7352 Stonerock Circle, Suite A
Orlando, Florida 32819

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

Name: Dr. Ofilio J. Morales
Address: 7352 Stonerock Circle, Suite A
Orlando, Florida 32819

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

OFILIO J. MORALES 12/12/2022

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.

OFILIO J. MORALES 12/12/2022

