

P23000605237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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WAIT

☐

MAIL

(Business Entity Name)

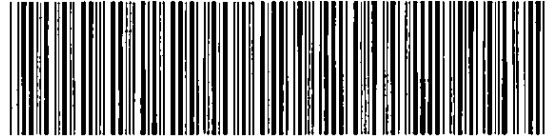
(Document Number)

cc Copies _____

Certificates of Status _____

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S. CHATHAM
JAN 24 2023

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
23 JAN 24 PM 4:25



11:45

COVER LETTER

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

SUBJECT: Alfa Dental Holdings, Inc.
(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
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Patricia Allerton c/o Dykema Gossett PLLC
Name (Printed or typed)

39577 Woodward Avenue, Suite 300
Address

Bloomfield Hills, MI 48304
City, State & Zip

248-203-0785
Daytime Telephone number

tursonoff@yahoo.com
E-mail address: (to be used for future annual report notification)

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



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I20000000088

Date: 01/24/2023

Name: Janelle Davis

Reference #: 1888018

Entity Name: ALFA DENTAL HOLDINGS, INC.

- ☒ Articles of Incorporation/Authorization to Transact Business
- ☐ Amendment
- ☐ Change of Agent
- ☐ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☐ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☒ Other Please provide a certified copy of the filing evidence as well as a certificate of status.

Authorized Amount: \$87.50

Signature: Janelle Davis

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: Alfa Dental Holdings, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6960 Bonnaval Road, Suite 102

Jacksonville, FL 32216

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any and all lawful business

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ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Angella Tursunov, Director

Name and Title: Tim Tursonoff, CEO

Address 4454 Glen Keman Pkwy E
Jacksonville, FL 32224

Address: 4454 Glen Keman Pkwy E
Jacksonville, FL 32224

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: Tim Tursonoff
Address: 4454 Glen Kernan Pkwy E
Jacksonville, FL 32224

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Tim Tursonoff
Address: 4454 Glen Kernan Pkwy E
Jacksonville, FL 32224

ARTICLE VIII EFFECTIVE DATE:

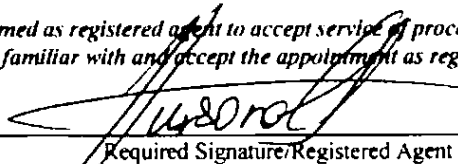
Effective date, if other than the date of filing: _____ (OPTIONAL)

(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:

X

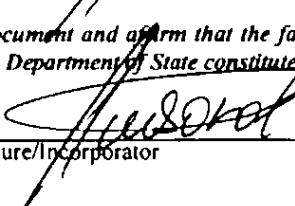

Required Signature/Registered Agent

1-23-2023

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.

X


Required Signature/Incorporator

1-23-2023

Date

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