

P23000005247

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Date: 01/24/2023

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W: C DW

Name:	Periodontics & Implant Dentistry of Boca FL, P.A.
Document #:	
Order #:	14742081

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
Plain Copy:	<input type="checkbox"/>			
Certificate of Good Standing:	<input type="checkbox"/>			
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Email Address for Annual Report Notifications:

jtpaul@sgadentalpartners.com

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Amount: \$ 78.75

Thank you!

COVER LETTER

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

SUBJECT: Periodontics & Implant Dentistry of Boca FL, 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

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Kandice Walker
Name (Printed or typed)

77 W. Wacker Drive, Suite 4100
Address

Chicago, IL 60601
City, State & Zip

312-750-3594
Daytime Telephone number

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

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

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: Periodontics & Implant Dentistry of Boca FL, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

15300 S. Jog Road, Suite 201

Delray Beach, Florida 33446

Mailing address, if different is:

50 Ford Way

Richmond Hill, GA 31324

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: engaging in the practice of the profession of dentistry
and rendering that type of professional service and services ancillary thereto. The corporation
shall have of the general powers granted to corporations organized under the Florida Business
Corporation Act and the Professional Service Corporation and Limited Liability Company Act.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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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: Myles McAllister
Address: 4068 Seaside Drive East
Jacksonville, FL 32250

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Darryl A. Field, DDS
Address: 1361 13th Ave. South Suite 220
Jacksonville Beach, Florida 32250

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

/s/ Myles McAllister
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.

/s/ Darryl A. Field, DDS
Required Signature/Incorporator

1/23/2023
Date

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STATE OF FLORIDA