

P23000005247

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

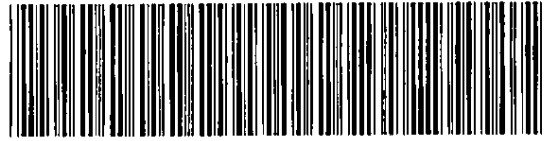
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

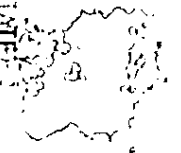
Office Use Only



100400889071

S. CHATHAM  
JAN 24 2023

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
JAN 24 PM 4:37



RECEIVED  
2023 JAN 24 AM 9:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312  
850-656-4724

Date: 01/24/2023

Acc#120160000072

*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"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

*jpaul@sgadentalpartners.com*

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

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 Filing Fee  
 \$78.75 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
<b>ADDITIONAL COPY REQUIRED</b>	

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

SECRET  
DIVISION OF CORPORATIONS  
JAN 24 PM 4:36

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: \_\_\_\_\_

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

25 JAN 24 PM 4:36  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA

**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