

P23000016930

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

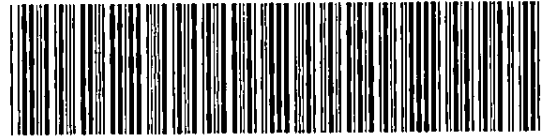
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S. CHATHAM
MAR - 6 2023

FILED

2023 MAR - 1 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2023 MAR - 1 AM 10:21

DIRECTOR'S OFFICE
OF CORPORATIONS
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 2, 2023

SUNSHINE CORPORATE COMPLIANCE

CORRECTED
Please Allow For
Same File Date

SUBJECT: AFFORDABLE DENTURES & IMPLANTS - TITUSVILLE II, P.A.
Ref. Number: W23000028611

We have received your document for AFFORDABLE DENTURES & IMPLANTS - TITUSVILLE II, P.A.. However, the document has not been filed and is being returned for the following:

The document is illegible and not acceptable for imaging.

If you have any further questions concerning your document, please call (850) 245-6000.

Summer Chatham
Regulatory Specialist III
Director's Office

Letter Number: 223A00004937

RECEIVED
2023 MAR -2 PM 10:10
TALLAHASSEE, FLA.

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 02/29/2023

****WALK IN****

ENTITY NAME Affordable Dentures & Implants - Titusville II, P.A.

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

Plain Copy

Certified Copy

Certificate of Status

XXXXXX

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$78.75

ACCOUNT #: I20160000072

S R J/10

Please call Tina at the above number for any issues or concerns. Thank you so much!

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

ARTICLE I NAME

Affordable Dentures & Implants - Titusville II, P.A.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address
686 Cheney Highway
Titusville, FL 32780

Mailing address, if different is:
629 Davis Drive, Suite 300
Morrisville, NC 27560

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Dental Services

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TALLAHASSEE, FL

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mark Coulter, DDS - President

Address: 686 Cheney Highway
Titusville, FL 32780

Name and Title: Brett Gaines - Assistant Treasurer

Address: 629 Davis Drive, Suite 300
Morrisville, NC 27560

Name and Title: Anna Lasseter - Secretary

Address: 629 Davis Drive, Suite 300
Morrisville, NC 27560

Name and Title: _____

Address: _____

Name and Title: Tim Shannon - Treasurer

Address: 629 Davis Drive, Suite 300
Morrisville, NC 27560

Name and Title: _____

Address: _____

Name and Title:	Brett Gaines - Asst. Sec	Name and Title:	
Address:	629 Davis Drive, Suite 300	Address:	
	Morrisville, NC 27560		

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: NRAI Services, Inc.

Address: 1200 South Pine Island Road

Plantation, FL 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Mark Coulter, DDS

Address: 686 Cheney Highway

Titusville, FL 32780

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.

By:	NRAI Services, Inc.	Natalie Leiba-Paul - Assistant Secretary	February 28, 2023
	<u>Natalie Leiba-Paul</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>[Signature]</u>	<u>2/27/23</u>
Required Signature Incorporator	Date

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 TALLAHASSEE, FL