

23000017553

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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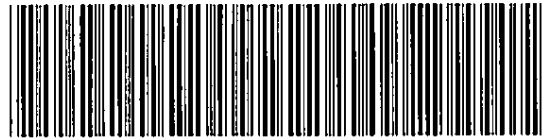
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

2023 MAR - 7 AM 9:51

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CT CORP

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

Date: 03/07/2023

Acc#120160000072

en: c DW

Name:	MidFlorida Endodontics Mt Dora Inc.
Document #:	
Order #:	14821608

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:	

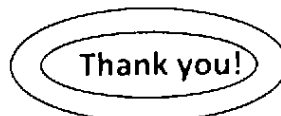
Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>
	Plain: <input checked="" type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

Barbara@midflendo.com

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

Amount: \$ 70.00



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: MidFlorida Endodontics Mt Dora Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
2855 W State Rd 434, Suite 1021
Longwood, FL 32779

Mailing address, if different is:
2855 W State Rd 434, Suite 1021
Longwood, FL 32779

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Endodontics

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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: Brad Lipkin, President and Treasurer

Name and Title: _____

Address 2855 W. State Rd 434, Ste 1021
Longwood, FL 32779

Address: _____

Name and Title: Aaron Isler, Vice President

Name and Title: _____

Address 2855 W. State Rd 434, Ste 1021
Longwood, FL 32779

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: Brad Lipkin

Address: 2855 W. State Rd 434, Ste 1021

Longwood, FL 32779

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Matthew M. Robbins

Address: 401 E. Las Olas Blvd., Ste. 2000

Fort Lauderdale, Florida 33301

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: /s/ Brad Lipkin

03/07/2023

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.

/s/ Matthew Robbins
Required Signature/Incorporator

03/07/2023
Date

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