P23000085863

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

CS SDG Member, P.A.

Please Debit **FCA000000003** For: 78.75

Thank you Seth Neeley

Signature

Requested by:

Name Date Time

Walk-In _____ Will Pick Up _____

- ____ Art of Inc. File_____
- ____ LTD Partnership File_____
- ____ Foreign Corp. File_____
- ____ L.C. File_____
- ____ Fictitious Name File_____
- ____ Trade/Service Mark_____
- ____ Merger File_____
- ____ Art. of Amend. File_____
- ____ RA Resignation_____
- ____ Dissolution / Withdrawal_____
- ____ Annual Report / Reinstatement_____
- X Cert. Copy_____
- ____ Photo Copy_____
- ____ Certificate of Good Standing_____
- ____ Certificate of Status_____
- ____ Certificate of Fictitious Name_____
- ____ Corp Record Search_____
- ____ Officer Search_____
- ____ Fictitious Search_____
- ____ Fictitious Owner Search_____
- ____ Vehicle Search_____
- ____ Driving Record_____
- ____ UCC 1 or 3 File_____
- ____ UCC 11 Search_____
- ____ UCC 11 Retrieval_____
- ____ Courier_____

COVER LETTER

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

SUBJECT: CS SDG Member, 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

☒ $78.75 Filing Fee & Certified Copy

☐ $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: WALTER H. MESSICK
Name (Printed or typed)

951 YAMATO RD., SUITE 250
Address

BOCA RATON, FL 33431
City, State & Zip

561-994-5956
Daytime Telephone number

MESSICKW@GALVANMESSICK.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: CS SDG MEMBER, P.A.

ARTICLE II PRINCIPAL OFFICE
Principal street address
3911 WEST ATLANTIC AVE.
DELRAY BEACH, FL 33445

Mailing address, if different is.

ARTICLE III PURPOSE
The purpose for which the corporation is organized is.
TO ENGAGE IN THE PRACTICE OF DENTISTRY AND PROVIDE SERVICES INCIDENT THERETO AND ENGAGE IN ALL OTHER ACTIVITIES NECESSARY AND PROPER FOR THE ACCOMPLISHMENT OF SUCH PURPOSES

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CRAIG SPODAK, DMD DPTS
Address: 3911 WEST ATLANTIC AVE.
DELRAY BEACH, FL 33445

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

2023

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 CRAIG SPODAK, DMD

Address 3911 WEST ATLANTIC AVE.

DELRAY BEACH, FL 33445

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: CRAIG SPODAK, DMD

Address: 3911 WEST ATLANTIC AVE.

DELRAY BEACH, FL 33445

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 hereby accept the appointment as registered agent and agree to act in this capacity

DocuSigned by: Dr. Craig Spodak 12-14-23

Required Signature of 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.

DocuSigned by: Dr. Craig Spodak 12-14-23

Required Signature of Incorporator Date

2023