

P24000002744

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

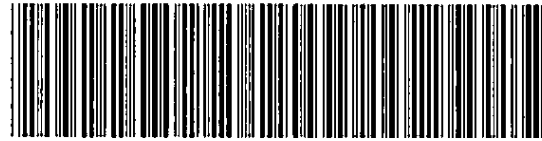
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DIVISION OF REVENUE
TALLAHASSEE, FLORIDA

CT CORP
(850) 656- 4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 01/11/2024

Acc#I20160000072

mic DW

Name:	Mid-Florida Endodontics - Clermont, P.A.
Document #:	
Order #:	15314039 - 1

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

barbara@midflendo.com

Availability _____
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Verifier _____
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Ref# _____

Amount: \$ **78.75**

Thank you!

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: Mid-Florida Endodontics - Clermont, P.A.

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

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

Name and Title:

Address

2855 W. State Rd 434, Ste 1021

Address:

Longwood, FL 32779

Name and Title: Aaron Isler, Secretary and Treasurer

Name and Title:

Address

2855 W. State Rd 434, Ste 1021

Address:

Longwood, FL 32779

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, FL 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

01/10/2024

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 M. Robbins

01/10/2024

Required Signature/Incorporator

Date

7004