

P24000042453

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

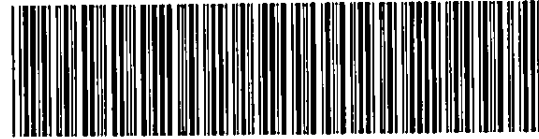
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



100431179921

FILED

2024 JUN 24 AM 9:47

STATE
TALLAHASSEE, FL

RECEIVED

2024 JUN 24 PM 10:22

CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

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

Date: 06/24/2024
Acc#I20160000072

en: c DW

Name:	Big Smiles Florida, P.A
Document #:	
Order #:	15683971

Certified Copy of Arts & Amend:	<input type="checkbox"/>	<div>FILED 2024 JUN 24 AM 10:47 TALLAHASSEE, FL</div>	
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"/>	Email Address for Annual Report Notifications: <div></div>
	Plain: <input checked="" type="checkbox"/>	
	COGS: <input type="checkbox"/>	

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

Amount: \$ **70.00**

Thank you!

COVER LETTER

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

SUBJECT: Big Smiles Florida, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee.
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Kari McKelvie

Name (Printed or typed)

201 W. Big Beaver Rd., Suite 500

Address

Troy, MI 48084

City, State & Zip

248-457-3187

Daytime Telephone number

csohren@mobiledentists.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

FILED
JUN 24 AM 9:47
TALLAHASSEE, FL
STATE

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: Big Smiles Florida, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

122 W Pine St, Suite 300

15458 N. 28th Avenue, Suite A

Orlando, FL 32801

Phoenix, AZ 85053

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: the practice of dentistry.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Noah Levi, President, Treasurer & Director Name and Title:

Address 122 W Pine St, Suite 300

Address:

Orlando, FL 32801

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

FILED
2024 JUN 24 AM 9:47
CLERK OF DISTRICT COURT
STATE OF FLORIDA

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: CT Corporation System

Address: 1200 South Pine Island Road

Plantation, Florida 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Noah Levi

Address: 122 W Pine St, Suite 300

Orlando, FL 32801

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

Nichol McCroy

Nichol McCroy, Assistant Secretary

Required Signature/Registered Agent

6/21/2024

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:

[Signature]

Required Signature/Incorporator

6/21/2024

Date

FILED
JUN 24 AM 9:17
TALLAHASSEE
FLORIDA