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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
COASTAL DENTAL CARE, P.A.

Certificate of Status	0
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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: COASTAL DENTAL CARE, P.A

ARTICLE II PRINCIPAL OFFICE

Principal **street** address	Mailing address, if different is:
9101 Lakeridge Blvd, Ste 22-1026	9101 Lakeridge Blvd, Ste 22-1026
Boca Raton, FL 33496	Boca Raton, FL 33496

ARTICLE III PURPOSE

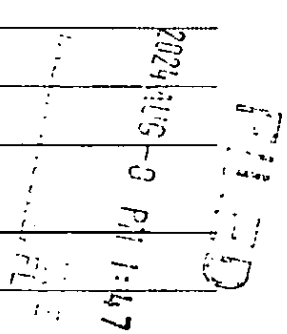
The purpose for which the corporation is organized is: Dental practice

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	Steven H. Feit, President	Name and Title:	
Address	9101 Lakeridge Blvd, Ste 22-1026 Boca Raton, FL 33496	Address:	
Name and Title:		Name and Title:	
Address		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: Steven H. Feit.

Address: 9101 Lakeridge Blvd. Ste 22-1026

Boca Raton, FL 33496

2024 AUG -8 PM 1:47

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is

Name: Steven H. Feit.

Address: 9101 Lakeridge Blvd. Ste 22-1026

Boca Raton, FL 33496

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.

Steven H. Feit 8/5/2024

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.

Steven H. Feit 8/5/2024

Required Signature/Incorporator Date