

P 24000068638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

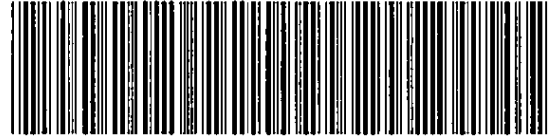
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2024 NOV -7 AM 9:47  
STATE OF FLORIDA  
TALLAHASSEE, FL

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
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Account#: I20000000088  
If there are any issues  
please contact Cheyanne at  
850-202-1882

Date: 11/07/2024

Name: Cheyenne Davis

Reference #: 2553489

Entity Name: MID-FLORIDA ENDODONTICS - CLERMONT HOLDCO INC.

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- Articles of Incorporation/Authorization to Transact Business
- Amendment
- Change of Agent
- Reinstatement
- Conversion
- Merger
- Dissolution/Withdrawal
- Fictitious Name
- Other PLEASE INCLUDE CERTIFIED COPY UPON FILING

Authorized Amount: \$78.75

Signature: *Cheyenne Davis*



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
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Account#: I20000000088  
If there are any issues  
please contact Patrice at  
850-202-9071

Date: 11/07/2024

Name: Cheyenne Davis

Reference #: 2553489

Entity Name: MID-FLORIDA ENDODONTICS - CLERMONT HOLDCO, INC.

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TALLAHASSEE, FL

FILED

- Articles of Incorporation/Authorization to Transact Business
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- Fictitious Name
- Other PLEASE INCLUDE CERTIFIED COPY UPON FILING

Authorized Amount: \$78.75

Signature: *Patrice*

**COVER LETTER**

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

**SUBJECT:** Mid-Florida Endodontics – Clermont Holdco, Inc.  
**(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

2024 NOV -7 AM 9:47  
TALLAHASSEE, FL  
DEPARTMENT OF STATE

**FILED**

**FROM:** Anna Edelen  
Name (Printed or typed)

201 North Tryon Street, Suite 1400  
Address

Charlotte, NC 28202  
City, State & Zip

704.790.4713  
Daytime Telephone number

clermont@midflendo.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: Mid-Florida Endodontics – Clermont Holdco, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
2621 S. US Highway 27,  
Clermont, FL 34711

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Endodontics

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TALLAHASSEE, FL

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000 common shares

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>Brad Lipkin, Director and President</u>	Name and Title:	<u>Aaron Isler, Director and Secretary and Treasurer</u>
Address	<u>2621 S. US Highway 27,</u> <u>Clermont, FL 34711</u>	Address:	<u>2621 S. US Highway 27,</u> <u>Clermont, FL 34711</u>

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: Brad Lipkin

Address: 2855 W State Road 434, Suite 1021  
Longwood, FL 32779

**ARTICLE VII INCORPORATOR**

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

Name: Matthew M. Robbins

Address: 401 East Las Olas Boulevard Suite 2000  
Fort Lauderdale, FL 33301

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 DEPARTMENT OF STATE  
 TALLAHASSEE, FL  
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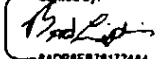
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

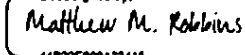
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**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*

 _____ 14029272112244	11/06/2024
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.*

 _____ 14029272112244	11/06/2024
Required Signature/Incorporator	Date