

PL4 0000608639

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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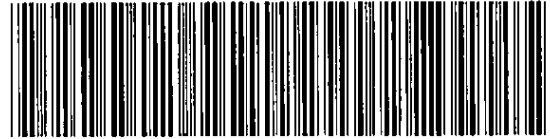
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL



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F: 866.625.0839
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Account#: 1200000000088
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 - DR, PHILLIPS 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#: I200000000088
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 - DR, PHILLIPS HOLDINGS INC.

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TALLAHASSEE, FL

FILED

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- ☐ Fictitious Name
- ☒ Other PLEASE INCLUDE CERTIFIED COPY UPON FILING

Authorized Amount: \$78.75

Signature: *Cheyenne Davis*

COVER LETTER

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

SUBJECT: Mid-Florida Endodontics - Dr. Phillips 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 ☐ \$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: 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

drphillips@midflendo.com

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

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

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STATE OF FLORIDA
TALLAHASSEE, FL

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 - Dr. Phillips Holdco, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

7932 W Sand Lake Rd, Suite 304,
Orlando, FL 32819

Mailing address, if different is:

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 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,</u> <u>Director and Secretary and Treasurer</u>
Address	<u>7932 W Sand Lake Rd, Suite 304</u> <u>Orlando, FL 32819</u>	Address:	<u>7932 W Sand Lake Rd, Suite 304</u> <u>Orlando, FL 32819</u>

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

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TALLAHASSEE, FL

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

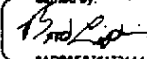
ARTICLE VIII EFFECTIVE DATE:

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.

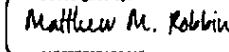
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent
11/06/2024

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.



Required Signature/Incorporator
11/06/2024

Date

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TALLAHASSEE, FL