

024000068641

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

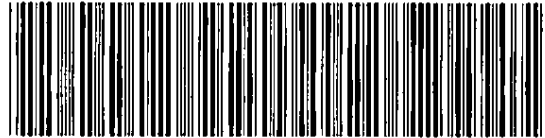
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300437051903

FILED

NOV - 7 AM 9:47

DEPT. OF STATE
TALLAHASSEE, FL

RECEIVED

2024 NOV - 7 AM 11:55

DEPT. OF STATE
TALLAHASSEE, FL 32309



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: 120000000088
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 - WINTER GARDEN HOLDCO, INC.

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

FILED

- ☒ 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*

① CORPORATE HQ
COGENCY GLOBAL INC.
10 E 40TH ST, 10TH FL
NY, NY 10016
D: +1.212.947.7200
P: 800.221.0102
F: 800.944.6607

② EUROPEAN HQ
COGENCY GLOBAL (UK) LIMITED
REGISTERED IN ENGLAND & WALES,
REGISTRY #8010712
6 LLOYDS AVE, UNIT 4CL
LONDON EC3N 3AX
+44 (0)20.3961.3080

③ ASIA PACIFIC HQ
COGENCY GLOBAL (HK) LIMITED
A HONG KONG LIMITED COMPANY
UNIT B, 1/F, LIPPO LEIGHTON TOWER
103 LEIGHTON RD, CAUSEWAY BAY
HONG KONG
P: +852.2682.9633
F: +852.2682.9790



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

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 - WINTER GARDEN HOLDCO INC.

☒ 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: *Patrice*

2024 NOV - 7 AM 9:47
TALLAHASSEE, FL

FILED

COVER LETTER

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

SUBJECT: Mid-Florida Endodontics - Winter Garden 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
wintergarden@midflendo.com
E-mail address: (to be used for future annual report notification)

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

2024 NOV -7 AM 9:47

FILED

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 - Winter Garden Holdco, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

15815 Shaddock Drive, Suite 140

Winter Garden, FL 34787

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: Brad Lipkin, Director and President

Address 15815 Shaddock Drive, Suite 140

Winter Garden, FL 34787

Aaron Isler,

Name and Title: Director and Secretary and Treasurer

Address: 15815 Shaddock Drive, Suite 140

Winter Garden, FL 34787

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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

FILED

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: 15815 Shaddock Drive, Suite 140

Winter Garden, FL 34787

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



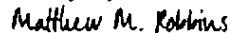
AAB09EB78172444

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.



AAB79F809A33415

Required Signature/Incorporator

11/06/2024

Date

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