



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: ORLANDO ENDODONTIC SPECIALISTS - NORTH HOLDCO, INC.

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

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*

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

EUROPEAN HQ
COGENCY GLOBAL (UK) LIMITED
REGISTERED IN ENGLAND & WALES,
REGISTRY #801072
6 LLOYDS AVE, UNIT 4CL
LONDON EC3N 3AX
+44 (0)20.3961.3080

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#: I20000000088
If there are any issues
please contact Patricia
850-202-9071

NOV 7 AM 9:47
TALLAHASSEE, FL

FILED

Date: 11/07/2024
Name: Cheyenne Davis
Reference #: 2553489
Entity Name: ORLANDO ENDODONTIC SPECIALISTS - NORTH 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: *Cheyenne Davis*

COVER LETTER

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

STATE
TALLAHASSEE, FL

2024 NOV - 7 AM 9:47

FILED

SUBJECT: Orlando Endodontic Specialists – North 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

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, 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

longwood@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: Orlando Endodontic Specialists – North Holdco, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
2855 West S.R. 434, Ste 1021
Longwood, FL 32779

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

Brad Lipkin, Director, President, Secretary
Name and Title: and Treasurer Name and Title: _____

Address 2855 West S.R. 434, Ste 1021 Address: _____
Longwood, FL 32779 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

2024 NOV -7 AM 9:14:7
STATE
TALAHASSEE, FL

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

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

FILED

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

 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.

Matthew M. Robbins 11/06/2024
Required Signature/Incorporator Date