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(Business Entity Name)

(Document Number)

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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-EAST 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*

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#: 120000000088
If there are any issues
please contact Patrice at
850-202-9071

Date: 11/07/2024

Name: Cheyenne Davis

Reference #: 2553489

Entity Name: ORLANDO ENDODONTIC SPECIALISTS-EAST HOLDCO, INC.

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Authorized Amount: \$78.75

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COVER LETTER

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

SUBJECT: Orlando Endodontic Specialists-East 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

waterford@midflendo.com

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

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

DEPARTMENT OF STATE
TALLAHASSEE, FL

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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: Orlando Endodontic Specialists-East Holdco, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

12301 Lake Underhill Rd, Suite 104

Orlando, FL 32828

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

Aaron Isler, Director, President, Secretary

Name and Title: and Treasurer

Name and Title: _____

Address

12301 Lake Underhill Rd, Suite 104

Address: _____

Orlando, FL 32828

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

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TALLAHASSEE, FL

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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: Aaron Isler
Address: 12301 Lake Underhill Rd, Suite 104
Orlando, FL 32828

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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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

Declassified by:
Aaron Isler
8043C311E078481

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.

Declassified by:
Matthew M. Robbins
118726800A37413

Required Signature/Incorporator

11/06/2024

Date