240000068645

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MA	IL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



RECEIVED



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 Cheyanne at
850-202-1882

Date:	11/07/2024	15 c.	2024
Name:	Cheyanne Davis	而》 [] 	2024 NOV - 7
Reference #	2553489		
		ONTICS - EAST HOLDCO, ING	ÃH 9:
		TATE TO THE	9: 47
Articl	es of Incorporation/Authoriza	ation to Transact Business	
Ame	ndment		
☐ Char	ge of Agent		
☐ Reins	statement		
Conv	ersion		
☐ Merg	er		
☐ Disso	olution/Withdrawal		
☐ Fictiti	ous Name		
✓ Othe	PLEASE INCL	UDE CERTIFIED COPY UPON FILING	
Authorized /	Amount: \$78.75		
Signature: _	Oryma Paine		

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 Patrice at 850-202-9071

Date:	11/07/2024	
Name:	Cheyanne Davis	. 4
Reference	e #:	IALLA C I
Entity Nar	me: VOLUSIA ENDODONTICS - EAST HOLDCO, IN	<u>C</u> : -
	ticles of Incorporation/Authorization to Transact Business rendment	AM 9:47
Ch	ange of Agent	
☐ Re	instatement	
Co	nversion	
	erger	
Dis	ssolutionWithdrawal	
☐ Fic	ctitious Name	
 ✓ Oth	her PLEASE INCLUDE CERTIFIED COPY UPON FILING	
Authorize	d Amount: \$78.75	

F: +852.2682.9790

COVER LETTER

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

SUBJECT: Vol	usia Endodontics – East Holdco	, Inc.	
	(PROPOSED CORPORA	TE NAME – MUST INCL	UDE SUFFIX)
			•••
Enclosed are an ori	ginal and one (1) copy of the art	icles of incorporation and	l a check for: 🚊
			□ \$87.50 H
\$70.00	□ \$78.75	□ \$78.75	□ \$87.50 😤
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Cop
		1	& Certificate
			Status —
		ADDITIONAL CO	PY REQUIRED
FROM:	Anna Edelen		
_	Name	(Printed or typed)	-
	201 North Torray Street Suite	1400	
	201 North Tryon Street, Suite		
		Address	
	Charlotte, NC 28202		
	City,	State & Zip	
	704 700 4712		
	704.790.4713		
	Daytime 1	elephone number	
	daytona@midfendo.com		
	E-mail address: (to be use	for future annual report n	otification)

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)

ICLE II PRINC	TPAL OFFICE		
cipal street address			Mailing address, if different is:
8 Pelican Bay Driv	E.		
onta Beach, FL 32	119		
			
CLE III PURPO	<u>DSE</u>	.•	ZOZI-NOV
surpose for which t	he corporation is organized is: Endodon	tics	
	_		- X Y - X
			S. S.
			
	_	<u> </u>	
			- ·
			
CLE IV SHARI			
	Stock is: 1,000 common shares		
umber of shares of			
umber of shares of	stock is: 1,000 common shares LOFFICERS AND/OR DIRECTORS	None and Title	Aaron Isler,
umber of shares of	stock is: 1,000 common shares LOFFICERS AND/OR DIRECTORS Brad Lipkin, Director and President		Director and Secretary and Treas
umber of shares of	stock is: 1,000 common shares LOFFICERS AND/OR DIRECTORS		
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umber of shares of CLE V INITIA Name and Title Address	stock is: 1,000 common shares LOFFICERS AND/OR DIRECTORS Brad Lipkin, Director and President 1148 Pelican Bay Drive,	Address:	Director and Secretary and Treass 1148 Pelican Bay Drive, Dayonta Beach, FL 32119
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Docusign Envelope ID: 417ECBDF-C209-4CE4-AE4F-9285E187FCB4

Name a	nd Title:	Name and Title:		
Addres	s	Address:		
	REGISTERED AGENT			
Name:	Florida street address (P.O. Box NOT acceptable) Brad Lipkin	of the registered agent is:	202ı	
Address:	1148 Pelican Bay Drive,	_	161 LAHA	T
	Dayonta Beach, FL 32119	_	co −v.	7
<u>ARTICLE VII</u>	INCORPORATOR		NOV-7 AM 9:47	
The name and a	ddress of the Incorporator is:		וואדנה האורב דעור	
Name:	Matthew M. Robbins	_	., ~	
Address:	401 East Las Olas Boulevard Suite 2000	_		
	Fort Lauderdale, FL 33301	_		
Effective date, if	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and cann	. (OPTIONAL)	or or 90 days after th	h.
filing.)			·	
	e inserted in this block does not meet the applicable effective date on the Department of State's records		this date will not be i	isted as
certificate. Lam j	ned as registered agent to accept service of process familiar with and accept the appointment as registe	for the above stated corporation tred agent and agree to act in th	at the place designate is capacity	ed in this
1 Sent Lip			11/06/2024	
	Required Signature/Registered Agent		Date	
document to the	cument and affirm that the facts stated herein are Department of State constitutes a third degree felot	true. I am aware that the fal. ny as provided for in s.817.155,	se information submi F.S.	tted in a
	M. Robbins		11/06/2024	
Required Signatu	ire/Incorporator	Date	. ———	