

P24000068677

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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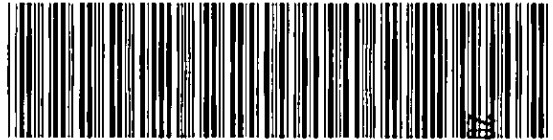
(Business Entity Name)

(Document Number)

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P: 866.625.0838  
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Account#: 120000000088  
If there are any issues  
please contact Cheyanne at  
850-202-1882

Date: 11/07/2024

Name: Cheyanne Davis

Reference #: 2553489

Entity Name: VOLUSIA ENDODONTICS HOLDCO, INC.

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TALLAHASSEE, FL

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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: *Cheyanne 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 #010712  
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#: I200000000088  
If there are any issues  
please contact Patrice at  
850-202-9071

Date: 11/07/2024

Name: Cheyenne Davis

Reference #: 2553489

Entity Name: VOLUSIA ENDODONTICS 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*

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TALLAHASSEE, FL

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## COVER LETTER

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

**SUBJECT:** Volusia Endodontics 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

orangecity@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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**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: Volusia Endodontics Holdco, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

2751 Enterprise Rd, Suite 211

Orange City, FL 32763

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Endodontics

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TALLAHASSEE, FL

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**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 2751 Enterprise Rd, Suite 211

Address: \_\_\_\_\_

Orange City, FL 32763

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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: 2751 Enterprise Road, Suite 211  
Orange City, FL 32763

**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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TALLAHASSEE, FL

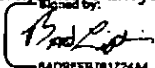
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

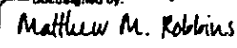
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**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