

P24000069698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

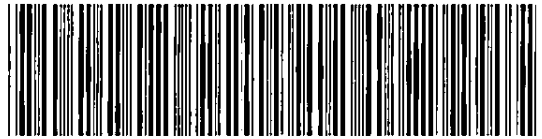
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115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
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Account#: 120000000088  
If there are any issues  
please contact Cheyanne at  
850-202-1882

Date: 11/07/2024

Name: Cheyenne Davis

Reference #: 2554235

Entity Name: MIDFLORIDA ENDODONTICS MANAGEMENT HOLDING COMPANY, 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 #2010712  
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#: I20000000088  
If there are any issues  
please contact Patrice at  
850-202-9071

Date: 11/07/2024

Name: Cheyenne Davis

Reference #: 2554235

Entity Name: MIDFLORIDA ENDODONTICS MANAGEMENT HOLDING COMPANY INC.

- Articles of Incorporation/Authorization to Transact Business
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Authorized Amount: \$78.75

Signature: *Patrice*

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**EUROPEAN HQ**  
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**COVER LETTER**

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

**SUBJECT:** MidFlorida Endodontics Management Holding Company, 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**

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STATE OF FLORIDA  
TALLAHASSEE, FL

**FILED**

**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

clermont@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: MidFlorida Endodontics Management Holding Company, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

2855 W. State Road 434, Suite 1021

Longwood, FL 32779

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**

Name and Title: Brad Lipkin, Director and President

Address 2855 W. State Road 434, Suite 1021

Longwood, FL 32779

Name and Title: Aaron Isler, Director and Secretary and Treasurer

Address: 2855 W. State Road 434, Suite 1021

Longwood, FL 32779

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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

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 DEPARTMENT OF STATE  
 TALLAHASSEE, FL  
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**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*

Brad Lipkin 11/07/2024  
BA06687817244 Date  
 Required Signature/Registered Agent

*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 11/07/2024  
4B29E00A33415 Date  
 Required Signature/Incorporator