L09 0000 36746

(Requestor's Name)	•	
(Address)		
(Address)		
(City/State/Zip/Phone #)	•	
PICK-UP WAIT MAIL		
(Business Entity Name)	,	
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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189 / 618 611		

Office Use Only

W9-14826



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2009 HAR 27 PHT: 37

M. THOMAS

APR 1 6 2009

EXAMIN

COVER LETTER

Tallahassee, FL 32301

TO: Registration Section Division of Corporations	
SUBJECT: TRIVE He SC	urry Dental LLC lorida Limiled Company)
The enclosed Certificate of Conversion, Articonvert an "Other Business Entity" into a "Faccordance with s. 608.439, F.S.	cles of Organization, and fees are submitted to lorida Limited Liability Company" in
Please return all correspondence concerning	this matter to:
Janette Stury (Contact Person)	·
(Firm/Company) (0208 Cente hunia) (Address) (Orl Fl 32808 (City, State and Zip Code)	
For further information concerning this matter than the state of Contact Person (Name of Contact Person) Enclosed is a check for the following amount \$150.00 Filing Fees (\$25 for Conversion and Certificate of	at (407) 245-5816 (Area Code and Daytime Telephone Number)
& \$125 for Articles Status of Organization)	Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 30, 2009

JANETTE SCURRY 6208 CENTENNIAL DR. ORLANDO, FL 32808

SUBJECT: JANETTE SCURRY DENTAL SERVICES LLC

Ref. Number: W09000014826

We have received your document for JANETTE SCURRY DENTAL SERVICES LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Organization, if any.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Regulatory Specialist II

Letter Number: 709A00010599

Certificate of Conversion For

"Other Business Entity"

Into

Florida Limited Liability Company

This Certificate of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.608.439, Florida Statutes.				
1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is: (Enter Name of Other Business Entity)				
2. The "Other Business Entity" is a Space He Scurry Soute Inc.				
(Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)				
first organized, formed or incorporated under the laws of A (Enter state, or if a non-U.S. entity, the name of the country) on Manage of the country (Enter date "Other Business Entity" was first organized, formed or incorporated? 3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:				
Janette Scurry Dental Sphrice LLC &				
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Shue the Sturp Intal Limited Liability Company) 5. If not effective on the date of filing, enter the effective date: 3/27/09 (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)				

Signed this 25 day of McML	20_9	•
Signature of Member or Authorized Representa	tive of Limited Liability C	Company:
Signature of Member or Authorized Representative Printed Name: Salue He Culy	: Coute Seur Thie: Tech	y
Signature(s) on behalf of Other Business Entity: [See below for required sign	nature(s).]
Signature: Jamethe Sculp		
Printed Name: TAINETTE SUINEY	Title: <u>)ech.</u>	
Signature:Printed Name:	Title:	
Signature:Printed Name:	Title:	-
Signature:Printed Name:		
Signature:Printed Name:		<u>.</u>
Signature: Printed Name:		HAY GE
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.	Officer.	27 PH I:
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:	<i>9</i>
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnership:	
All others: Signature of an authorized person.		
Fees:		
Certificate of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

"LLC.")

The name of the Limited Liability Company is:

ARTICLE II - Address: The mailing address and street address of the pr Liability Company is:	incipal office of the Limited
Principal Office Address:	Mailing Address:
6208 Centennial Dr. ORL FI 32808	6208 Centennin L Dn.
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent 6
Signature: (The Limited Liability Company cannot serve as its own Regist individual or another business entity with an active Florida registration.)	
The name and the Florida street address of the r	registered agent are:
JAMEHE SCI	LERY HOLDER
Florida street address (P.O.	Centennial Dr.
Or L City, Stat	FL 33808 e, and Zip
Having been named as registered agent and to above stated limited liability company at the pl	ace designated in this certificate, I

capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

_	
<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
Marsage !	
	20 AL
	109 MA
	(Use attachment if necessary)
ARTICLE V: Effective date, if other than the	
	(OPTIONAL)
(The effective date: 1) cannot be prior to n document is filed by the Florida Department the effective date listed in the attached Company	nt of State; AND 2) must be the same as
date is listed therein.)	
REQUIRED SIGNATURE:	
(fenette Seek	<u> </u>
Signature of a member or an aut	thorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)