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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

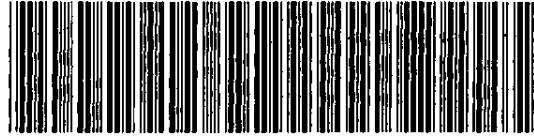
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

Jan. 13, 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SHELTON-THOMPSON-VONSICK, P.L.C.

(Name of Resulting Florida Limited Company)

The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 608.439, F.S.

Please return all correspondence concerning this matter to:

ALFRED W. TORRENCE, JR.

(Contact Person)

THORNTON & TORRENCE, P.A.

(Firm/Company)

6709 RIDGE ROAD, SUITE 106

(Address)

PORT RICHEY, FL 34668

(City, State and Zip Code)

*effective date is
file date of
P.A. 12-27-84*

For further information concerning this matter, please call:

DEBORAH ROBINSON

(Name of Contact Person)

at (727) 845-6224

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$150.00 Filing Fees
(\$25 for Conversion
& \$125 for Articles
of Organization)

☒ \$155.00 Filing Fees
and Certificate of
Status

☐ \$180.00 Filing Fees
and Certified Copy

☐ \$185.00 Filing Fees,
Certified Copy, and
Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 24, 2009

ALFRED W. TORRENCE, JR.
THORNTON & TORRENCE, P.A.
6709 RIDGE ROAD, STE. 106
PORT RICHEY, FL 34668

SUBJECT: SHELTON-THOMPSON-VON SICK, PLC
Ref. Number: W09000055696

We have received your document for SHELTON-THOMPSON-VON SICK, PLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 409A00039145

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Limited Liability Company

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TALLAHASSEE, FLORIDA

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:
SHELTON-THOMPSON-VONSICK, P.A.

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a PROFESSIONAL ASSOCIATION
(Enter entity type. Example: corporation, limited partnership,
general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of FLORIDA 630991
(Enter state, or if a non-U.S. entity, the name of the country)

on DECEMBER 27, 1984

(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:

N/A

4. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:

SHELTON-THOMPSON-VONSICK, P.L.C.

(Enter Name of Florida Limited Liability Company)

5. If not effective on the date of filing, enter the effective date:
(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 20th day of NOVEMBER 2009.

Signature of Member or Authorized Representative of Limited Liability Company:

Signature of Member or Authorized Representative: David G. Shelton
Printed Name: DAVID G. SHELTON Title: MANAGING-MEMBER

Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: David Shelton
Printed Name: DAVID G. SHELTON Title: PRES./DIRECTOR

Signature: David W. Thompson
Printed Name: DAVID W. THOMPSON Title: SEC./DIRECTOR

Signature: William Vonsick III
Printed Name: WILLIAM VONSICK, III Title: VICE-PRES./DIRECTOR

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

If Florida Corporation:

Signature of Chairman, Vice Chairman, Director, or Officer.

If Directors or Officers have not been selected, an Incorporator must sign.

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

All others:

Signature of an authorized person.

Fees:

Certificate of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
SHELTON-THOMPSON-VON SICK, PLC**

The undersigned, under the provisions of Chapters 608 and 621 of the Florida Statutes (the "Act"), for the purpose of forming a professional limited liability company under the laws of the State of Florida, do set forth the following:

1. **Name.**
The name of the professional limited liability company is **SHELTON-THOMPSON-VON SICK, PLC** (hereinafter referred to as the "Company").
2. **Period of Duration.**
Unless earlier terminated under the Act or the Operating Agreement, the period of duration of the Company shall be perpetual.
3. **Purpose.**
The purpose for which the Company is organized is to engage in the practice of dentistry in all of its forms and any and all other business and activities permitted by the Act and any other applicable laws of the State of Florida. The Company shall have all of the powers vested in a professional limited liability company.
4. **Address of Place of Business.**
The mailing address for the Company is 5636 Grand Boulevard, New Port Richey, Florida 34652, and the street address for the Company is 5636 Grand Boulevard, New Port Richey, Florida 34652. These addresses may be changed from time to time as provided in the Operating Agreement.
5. **Registered Agent.**
The initial registered agent in Florida for the Company is Alfred W. Torrence, Jr., and the initial registered office is located at 6709 Ridge Road, Suite 106, Port Richey, Florida 34668.
6. **Capital Contributions.**
Contributions to the capital of the Company shall be made by the members, in the manner prescribed by the written Operating Agreement made and entered into by the members and which may be amended from time to time in accordance with its terms.
7. **Members.**
The Company shall have at least three members and may admit additional members on the prior unanimous written agreement of the then-existing members, or as otherwise provided in the Operating Agreement. Members must be duly licensed to practice dentistry in the State of Florida.

ARTICLES OF ORGANIZATION
SHELTON-THOMPSON-VON SICK, PLC

8. **Continuity of Business.**

On the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member, or on the occurrence of any other event that terminates the continued membership of a member in the Company, or upon any other event that, under the Act, would result in dissolution of the Company, the business of the Company may be continued and the Company will not be dissolved without the prior written consent of all the remaining members of the Company.

9. **Management.**

The overall management and control of the business and affairs of the Company shall be vested in its members, as provided in these Articles of Organization and section 608.407 of the Act. Any and all action by the Company shall require the vote of the members holding a majority interest in the Company.

10. **Indemnification.**

Except as expressly provided in the Operating Agreement, the Company shall indemnify any member, manager, or former member or manager to the full extent permitted under the Act.

Executed at Port Richey, Florida, on November 20, 2009.

SHELTON-THOMPSON-VON SICK, PLC
A Florida Professional Limited Liability Company

By: David G. Shelton
DAVID G. SHELTON, Member/Manager

By: David W. Thompson
DAVID W. THOMPSON, Member/Manager

By: William Von Sicks III
WILLIAM VON SICK, III, Member/Manager

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TALLAHASSEE, FLORIDA

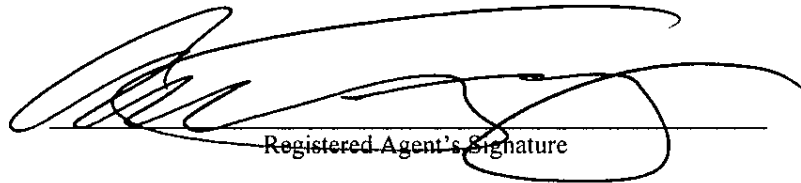
ARTICLES OF ORGANIZATION
SHELTON-THOMPSON-VON SICK, PLC

Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

ALFRED W. TORRENCE, JR.
6709 RIDGE ROAD, SUITE 106
PORT RICHEY, FLORIDA 34668

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this 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.



Registered Agent's Signature

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