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TALLAHASSEE, FLORIDA

J. BRYAN

NOV 22 2011

EXAMINER



Dean, Mead & Bovay, P.A.

901 NW 57th Street
Gainesville, FL 32605

352-331-9092
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Attorneys and Counselors at Law

Orlando
Fort Pierce
Viera
Gainesville

JOHN C. BOVAY

jbovay@deanmead.com

November 17, 2011

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

Dear Sir/Madam:


Enclosed please find the following documents:

1. Articles of Amendment to the Articles of Incorporation of Martin and Jacobson Orthodontics, Inc. amending the name to M & J Building, Inc.
2. Certificate of Conversion for M & J Building, Inc. to M & J Building, LLC along with the Articles of Organization for M & J Building, LLC
3. Articles of Organization for Martin and Jacobson Orthodontic Association, LLC

Along with our firm check, number 1101 in the amount of \$345.00, \$35.00 for the filing fee for the Articles of Amendment, \$155.00 for the filing fee for the Certificate of Conversion and Articles of Organization and another \$155.00 for the filing fee for the Articles of Organization.

Please send the certified copies to me and I will deliver to my client. A self-addressed stamped envelope has been provided for your convenience.

Sincerely,



John C. Bovay

cc: A. Page Jacobson, DDS
Dawn L. Martin, DMD

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Martin and Jacobson Orthodontic Association, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John C. Bovay
Name of Person

Dean, Mead & Bovay, P.A.
Firm/Company

901 N.W. 57th Street
Address

Gainesville, FL 32605
City/State and Zip Code

info@jmortho.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John C. Bovay at (2352) 331-9092
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☒ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Martin and Jacobson Orthodontic Association, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

7575 W. University Avenue
Suite E
Gaiensville, FL 32607

SAME

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Dawn L. Martin, DMD
Name

9269 S.W. 30th Lane
Florida street address (P.O. Box **NOT** acceptable)

Gainesville, FL 32608
City, State, and Zip

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 (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

A, Page Jacobson, DDS, MS
14128 NW 15 Lane
Gainesville, FL 32608

MGRM

Dawn L. Martin, DMD, MS
9269 S.W. 30th Lane
Gainesville, FL 32608

(Use attachment if necessary)

ARTICLE V: 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 business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an authorized 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. I am aware that any 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.)

Dawn L. Martin, DMD, MS

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)

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