

L14000195533

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

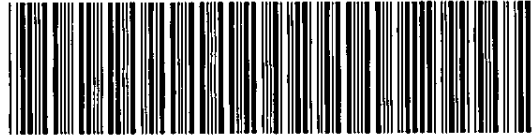
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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12/24/14--01008--003 \*\*150.00

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2014 DEC 24 AM 9:50  
NOT INTENDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

EFFECTIVE DATE  
12-30-14

FILED  
14 DEC 24 PM 2:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 29 2014



December 24, 2014

Department of State, Florida  
Clifton Building  
2611 Executive Center Circle  
Tallahassee FL 32301

Re: Order #: 9388984 SO  
Customer Reference 1: None Given  
Customer Reference 2: None Given

Dear Department of State, Florida :

Please obtain the following:

Coast Dental Services, Inc (FL)  
Conversion  
Florida

*(Effective Date: 12/30/2014)*  
*Thank You!*

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092 .

Thank you very much for your help.

Sincerely,

Connie R Bryan  
Senior Fulfillment Specialist  
Connie.Bryan@wolterskluwer.com

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Coast Dental Services, LLC

(Name of Resulting Florida Limited Company)

The enclosed Articles 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. 605.1045, F.S.

Please return all correspondence concerning this matter to:

Patricia Huie, Esq.

(Contact Person)

Coast Dental Services, LLC

(Firm/Company)

4010 West Boy Scout Boulevard, STE 1100

(Address)

Tampa, Florida 33607

(City, State and Zip Code)

phue@coastdental.com

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Lisa Wilkerson, Esq.

at (813) 258-1177

(Name of Contact Person)

(Area Code) (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

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

FILED  
14 DEC 24 PM 2:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles 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.605.1045, Florida  
Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  
Coast Dental Services, Inc. (P02000094204)

(Enter Name of Other Business Entity)

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

EFFECTIVE DATE

12-30-14

First organized, formed or incorporated under the laws of Florida  
on August 29, 2002  
(date of organization, formation or incorporation)

(Enter state, or if a non-U.S. entity, the name of the country)

3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  
Coast Dental Services, LLC

(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: December 30, 2014  
(The effective date: 1) cannot be prior to date of receipt or filed date 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.)

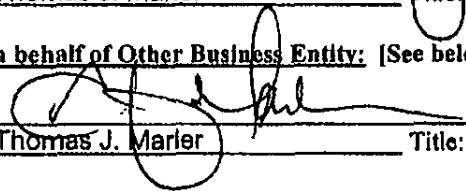
5. The plan of conversion has been approved in accordance with all applicable statutes.

Signed this 23<sup>rd</sup> day of December 2014

**Signature of Authorized Representative of Limited Liability Company:**

Signature of Authorized Representative:   
Printed Name: Thomas J. Marler Title: Authorized Representative

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

Signature:   
Printed Name: Thomas J. Marler Title: Director

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

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:**

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

**ARTICLES OF ORGANIZATION OF**

**Coast Dental Services, LLC**

ARTICLE I-Name

The name of the limited liability company shall be Coast Dental Services, LLC.

ARTICLE II-Address

The street address of the principal office of the limited liability company is: 4010 West Boy Scout Boulevard, Suite 1100 Tampa, Florida 33607. The mailing address of the principal office of the limited liability company is: 4010 West Boy Scout Boulevard, Suite 1100 Tampa, Florida 33607.

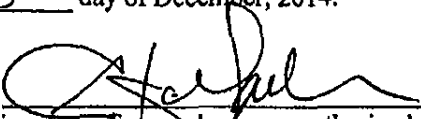
ARTICLE III-Registered Agent

The name and the Florida street address for the registered agent of the limited liability company is: NRAI Services, Inc., 1200 South Pine Island Road, Plantation, Florida 33324.

ARTICLE IV-Effective Date

The effective date of the Articles of Organization is December 30, 2014.

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 23<sup>rd</sup> day of December, 2014.

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member

(In accordance with Section 605.0205(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Thomas J. Marler  
Typed or printed name of signee

### ACCEPTANCE OF DESIGNATION

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, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of the duties, and the undersigned is familiar with and accepts the obligations of the position as registered agent as provided for in Chapter 605, Florida Statutes.



Name: Michele Holden

Title: Assistant Secretary

Company Name:

NRAI Services, Inc.

1200 South Pine Island Road,  
Plantation, Florida 33324