



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 26, 2015

AUDREY HSIN
2337 SW ARCHER RD
#2084
GAINESVILLE, FL 32608

SUBJECT: AUDREY HSIN DDS, PA
Ref. Number: W15000036842

RECEIVED
15 JUN 11 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for AUDREY HSIN DDS, PA and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

✓
You must submit Articles of Organization for the resulting Florida limited liability company along with the Articles of Conversion. The Articles of Organization must be signed by a member or an authorized representative of a member.

✓
The name of the entity cannot include "PA." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

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) 245-6051.

Terri J Schroeder
Regulatory Specialist II

Letter Number: 015A00010994

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AUDREY HSIN, DDS, PA
(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:

AUDREY HSIN

(Contact Person)

AUDREY HSIN DDS, PA

(Firm/Company)

2337 SW ARCHER RD #2084

(Address)

GAINESVILLE, FL 32608

(City, State and Zip Code)

ahsin@nyu.edu

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

For further information concerning this matter, please call:

AUDREY HSIN

(Name of Contact Person)

at (347) 641-3984

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	<input type="checkbox"/> \$155.00 Filing Fees and Certificate of Status	<input type="checkbox"/> \$180.00 Filing Fees and Certified Copy	<input type="checkbox"/> \$185.00 Filing Fees, Certified Copy, and Certificate of Status
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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

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:
AUDREY HSIN DDS, PA P15-42274
(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a S-CORPORATION
(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
(Enter state, or if a non-U.S. entity, the name of the country)
on 5/11/15
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:
~~AUDREY HSIN DDS, PA~~ AUDREY HSIN DDS LLC. [Signature]
(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: 6/01/15
(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.)

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.

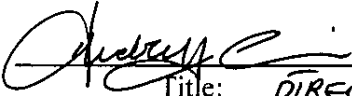
5. The plan of conversion has been approved in accordance with all applicable statutes.

2015 MAY 22 A 8:26
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

FILED

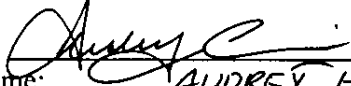
Signed this 19 day of MAY 2015.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: 

Printed Name: AUDREY HSIN Title: DIRECTOR

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

Signature: 

Printed Name: AUDREY HSIN 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 FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AUDREY HSIN DDS 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:

2337 SW ARCHER RD
#2084
GAINESVILLE, FL 32608

Mailing Address:

2337 SW ARCHER RD
#2084
GAINESVILLE, FL 32608

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:

AUDREY HSIN

Name

2337 SW ARCHER RD #2084

Florida street address (P.O. Box **NOT** acceptable)

GAINESVILLE

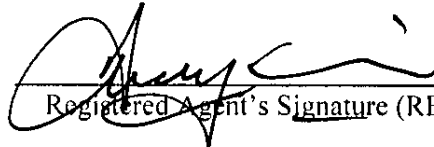
City

FL

32608

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 605, F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

DIRECTOR

Name and Address:

AUDREY HSIN

2337 SW ARCHER RD #2084

GAINESVILLE, FL 32608

2015 MAY 12 A B: 2b
FILED

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 6-1-15 (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.)

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.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

(In accordance with section 605.0205 (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.)

AUDREY HSIN

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)