

L160000077855

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

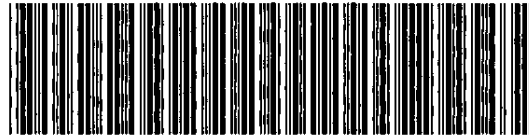
(Document Number)

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

Special Instructions to Filing Officer:

~~W116-21761~~

Office Use Only



200283331422

03/15/16--01018--027 \*\*150.00

FILED  
2016 APR 18 AM 8:15  
SECRETARY OF STATE  
TALLAHASSEE FL 32310

APR 22 2016

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Schwartz Practice Management, 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:

Bruce Brashear

(Contact Person)

Brashear & Assoc., PL

(Firm/Company)

925 NW 56th Terr, Suite C

(Address)

Gainesville, FL 32605

(City, State and Zip Code)

bbrashear@nflalaw.com

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

For further information concerning this matter, please call:

Bruce Brashear at ( 352 ) 336-0800  
(Name of Contact Person) (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
------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------	---------------------------------------------------------------------	------------------------------------------------------------------------------------------------

**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

# BRASHEAR & ASSOC. PL

*C o u n s e l o r s   A t   L a w*

925 NW 56<sup>th</sup> TERRACE, SUITE C  
GAINESVILLE FL 32605-6451  
TELEPHONE 352/336-0800  
FACSIMILE 352/336-0505  
BBRASHEAR@NFLALAW.COM

BRUCE BRASHEAR, JD  
PETER C. FOCKS, JD

OF COUNSEL  
LARRY D. MARSH, JD, LL.M.

Florida Department of State  
Division of Corporations  
P.O. Box 6372  
Tallahassee, FL 32314

RE:    Aspen Dental Group PLLC, ref# W16000021685  
       Affiliated Property Management, LLC ref# W16000021732  
       Schwartz Practice Management, LLC ref# W16000021761

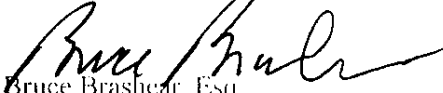
Dear Sir or Madame:

Attached are documents previously rejected to convert two corporations into limited liability companies and one professional association into a professional limited liability company, as referenced above. Current annual reports have been filed for all three and Aspen Dental Group professional limited liability company is now properly designated Aspen Dental Group, PLLC. We have previously paid \$150 per filing.

Please contact if any issues arise in connection with this filing.

Sincerely,

BRASHEAR & ASSOC., PL

  
Bruce Brashear, Esq.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 23, 2016

BRUCE BRASHEAR  
BRASHEAR & ASSOC., PL  
925 NW 56TH TERR, STE C  
GAINESVILLE, FL 32605

SUBJECT: SCHWARTZ PRACTICE MANAGEMENT, LLC  
Ref. Number: W16000021761

We have received your document for SCHWARTZ PRACTICE MANAGEMENT, 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):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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) 245-6052.

Teresa Brown  
Regulatory Specialist II

Letter Number: 116A00006000

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

FILED  
2016 APR 18 AM 8:15  
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:  
Schwartz Practice Management, Inc.  
(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.)

First organized, formed or incorporated under the laws of Florida  
on 8/14/1998 (Enter state, or if a non-U.S. entity, the name of the country)  
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:  
Schwartz Practice Management, LLC  
(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: \_\_\_\_\_  
(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.

Signed this 19 day of February, 2016

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

Signature of Authorized Representative: \_\_\_\_\_  
Printed Name: Robert J. Harvey Title: Manager

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

Signature: Donald G. Foreman  
Printed Name: Donald G. Foreman Title: President

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:

Schwartz Practice Management, 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:

14506 NW 11th PL

Newberry, FL 32669

### Mailing Address:

14506 NW 11th PL

Newberry, FL 32669

## 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:

Robert J. Harvey

Name

14506 NW 11th PL

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

Newberry, FL 32669

City

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

MGR

**Name and Address:**

Robert J. Harvey

14506 NW 11th PL

Newberry, FL 32669

(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.)

**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.

This is a manager managed limited liability company.

**REQUIRED SIGNATURE:**

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Robert J. Harvey

Typed or printed name of signer

**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)