

216000119398

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

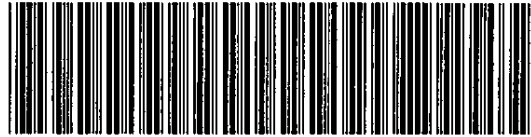
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 MAY 27 AM 11:10

JUN 24 2016

T. SCOTT



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 22, 2016

BRUCE BRASHEAR  
925 NW 56TH STE C  
GAINESVILLE, FL 32605

SUBJECT: ASPEN DENTAL GROUP, PL  
Ref. Number: W16000021685

We have received your document for ASPEN DENTAL GROUP, PL 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 failed to make the correction(s) requested in our previous letter.

The specific purpose of the entity must be set forth in the document.

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.

Tim Burch  
Regulatory Specialist II

Letter Number: 216A00008340

FILED  
SECRETARY OF STATE  
16 MAY 27 PM 1:50

# BRASHEAR & ASSOC. PL

*C o u n s e l o r s   A t   L a w*

925 N.W. 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, LLM

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

RE: Aspen Dental Group PLLC, ref # W16000021685

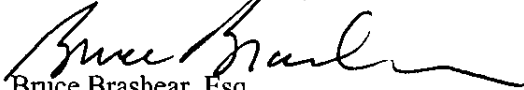
Dear Sir or Madame:

Attached are documents previously rejected to convert a professional association into a professional limited liability company, as referenced above. We have now stated that the specific purpose of Aspen Dental Group, PLLC is to provide dental services. 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.

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:  
Aspen Dental Group, PA - P98CW71322  
(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  
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**:  
Aspen Dental Group, PLLC  
(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.

STATE DEPARTMENT OF  
DIVISION OF CORPORATIONS  
16 MAY 27 AM 11:10

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: \_\_\_\_\_  
Printed Name: Robert J. Harvey 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:

Aspen Dental Group, PLLC

(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:**

14506 NW 11th PL  
Newberry, FL 32669

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

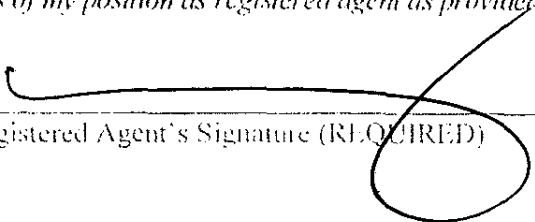
City

Zip

16 MAY 27 AM 11:10

STATE OF FLORIDA  
DIVISION OF CORPORATE & CHARTER SERVICES

*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 professional limited liability company.

The specific purpose for which this company has been formed is to provide dental services.

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)