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02/20/18--01016--016 **150.00



COVER LETTER

SUBJECT:	ONDOR DE	<u> </u>	RVICES LLC
	(Name of Resu	ilting Florida Limited Com	pany)
			I fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please return all corre	espondence concerning	this matter to:	
MArco A	CONTRETA	S	
Condor I	(Contact Person) Dental Ser	vices	
	(Firm/Company) Kendall		+
1002110.	(Address)	7010 02	
Miani	FL 3317 Sity, State and Zip Code)	16	
drmance	ity, State and Zip Code) Contrevate c used for future annual rep	s@aol,co	\sim
For further information	on concerning this mat	ter, please call:	
MATCO CO (Name of Contact	OTVETZAS ct Person)	at (305) 5	95-1131 ime Telephone Number)
	or the following amour a bank located in the U		ed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fees and Certified Copy	☐S185.00 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:

TQ: New Filing Section

Division of Corporations

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing 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 <u>and attached Articles of Organization</u> 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:
CONDOR DENTAL SERVICES TOC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>CORPORATION</u> (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
(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 May 22, 2008 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
CONDOR DENTAL SERVICES, UC. (Enter Name of Florida Limited Liability Company)
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: February 15th 2018
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after
the date this document is filed by the Florida Department of State.)
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.

6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to

which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 5th day of February	20 + 8
Signature of Authorized Representative of Limi	
Signature of Authorized Representative: Printed Name: MACO A CONTROL RAS	Title: President/Dentist
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
Signature: Printed Name: MACCO A CONTRURA	Stille: PRESIDENT/DENTIST
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 Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y Limited Partnership:
All others: Signature of an authorized person.	
<u>Fees:</u>	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

· ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Condor Dental Service (Must contain the words "Limited Liability	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Suite #114 Miami, FL 33176	10621 N. Kendall Dive Suite #114 Miami, PL 33176
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re-	egistered agent are:
Marco A. Con	reras
Name	
10(221 N. Kenda	QQ Drive #114
Florida street address (P.O.	Box NOT acceptable)

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)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	MARCO A CONTRETEAS 10621 NI KENDALL Drive T MIAMI, FL 33176
(Use attachment if necessary)	
LE V: Other provisions, if any.	
	
REQUIRED SIGNATURE:	
Signature of a member o This document is executed in accordance	r an authorized representative of a member ce with section 605.0203 (1) (b). Florida Statutes. I am aware that rument to the Department of State constitutes a third degree felony
This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	ce with section 605.0203 (1) (b), Florida Statutes, I am aware that tument to the Department of State constitutes a third degree felony

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

ARTICLE IV-