

L20000185093

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

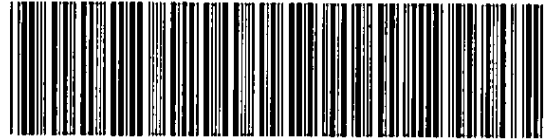
Certified Copies _____ Certificates of Status _____

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JUL -9 AM 4:19
SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 8, 2020

THOMASINA JACOBS
800 OCALA RD STE 300, 178
TALLAHASSEE, FL 32304

SUBJECT: ORAL CARE SOLUTIONS
Ref. Number: W20000060654

2020 JUL -9 PM 2:12

We have received your document for ORAL CARE SOLUTIONS and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

THE DOCUMENT IS INCOMPLETE.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

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.

Keyna E Page
Regulatory Specialist II

Letter Number: 820A00013241



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 16, 2020

THOMASINA JACOBS
800 OCALA RD STE 300, 178
TALLAHASSEE, FL 32304

SUBJECT: ORAL CARE SOLUTIONS
Ref. Number: W20000060654

We have received your document for ORAL CARE SOLUTIONS, and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Only non-United States entities may become a domestic limited liability company as stated in section 605.1052, Florida Statutes. You may want to explore one of the conversion options. Please return to our website sunbiz.org to download the appropriate form.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

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.

Keyna E Page
Regulatory Specialist II

Letter Number: 520A00011843

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: DRAL CARE SOLUTIONS, 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 § 605.1045, F.S.

Please return all correspondence concerning this matter to:

THOMASINA JACOBS
(Contact Person)

DRAL CARE SOLUTIONS, LLC
(Firm/Company)

800 OCALA RD. STE 300 #178
(Address)

TALLAHASSEE, FL 32304
(City, State and Zip Code)

theoralcaresolutions@gmail.com
E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

THOMASINA JACOBS at (850) 284-3384
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

- | | | | |
|---|---|---|---|
| ☐ \$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:

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 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:

ORAL CARE SOLUTIONS, LLC

(Enter Name of Other Business Entity)

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

First organized, formed or incorporated under the laws of NEVADA
(Enter state, or if a non-U.S. entity, the name of the country)

on FEBRUARY 16, 2018
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:

ORAL CARE SOLUTIONS, LLC

(Enter Name of Florida Limited Liability Company)

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

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2018 JUL -9 AM 11:19
TALLAHASSEE, FL

Signed this 6TH day of JULY 20 20

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative

Printed Name: THOMASINA JACOBS Title: MANAGER

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

Signature:

Printed Name: THOMASINA JACOBS Title: MANAGER

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)

SECRETARY OF STATE
TALLAHASSEE, FL

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

OralCare Solutions, LLC

(Must contain 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:

800 Ocala RD STE 300 #178

Tallahassee, FL 32304

Mailing Address:

800 Ocala RD STE 300 #178

Tallahassee, FL 32304

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:

Darin Jacobs

Name

800 Ocala RD STE 300 #178

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

Tallahassee

FL 32304

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)

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TALLAHASSEE, FL

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ARTICLE IV-

The name and address of each person or company:

Title:
"AMBR" = Authorized Member
"MGR" = Manager
MANAGER

Name:

THOMASINA JACOBS
800 TOTERLY
TAULAHASSIE

(Use attachment if necessary)

ARTICLE V: Other provisions, if any.

REQUIRED SIGNATURE:

J. Jacobs

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.

THOMASINA JACOBS

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)**