

L21 000 431632

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

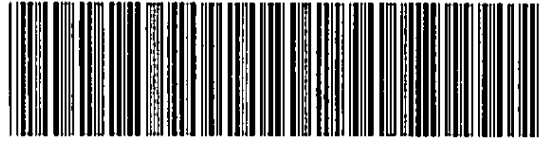
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

L21000122309

Office Use Only



600372025086

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CLERK OF STATE
COURT HOUSE
DOVER, DE



COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: All Smiles Health Care Agency, 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:

Michelle N McNair
(Contact Person)

(Firm/Company)

4264 Polo Ct.
(Address)

Jacksonville, FL 32277
(City, State and Zip Code)

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

For further information concerning this matter, please call:

Michelle N. McNair at (352) 226-9241
(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

Mailing Address:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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 TALLAHASSEE, FL
 DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 9, 2021

MICHELLE N. MCNAIR
4264 POLO CT
JACKSONVILLE, FL 32277 US

SUBJECT: ALL SMILES HEALTH CARE AGENCY, LLC
Ref. Number: W21000122309

2021 SEP 24 AM 11:12
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FLORIDA DEPARTMENT OF STATE
CORPORATION DIVISION

We have received your document for ALL SMILES HEALTH CARE AGENCY, LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law does not allow a sole proprietorship to file a conversion. A sole proprietorship is a business owned and operated by one individual. As a sole proprietor, the one individual owner is responsible for making all of the business decisions and all of the debts of the business are considered to be the debts of the one individual owner, as well. The sole proprietorship may or may not conduct business under the one individual owner's legal name. Because the business and the individual are considered as one organization and need each other to co-exist from a legal perspective, a sole proprietorship is not considered a business entity and cannot, therefore, file a conversion under Florida law.

If your sole proprietorship is actually owned and operated by two or more individuals and those individuals serve in the capacity of a partner, your business may not be a sole proprietorship. Your business may meet the definition of a partnership in accordance with Chapter 620, Florida Statutes. Chapter 620, Florida Statutes, allows a partnership to file a conversion. However, the partnership must first file a statement of registration in accordance with section 620.8105, Florida Statutes.

We are enclosing a statement of registration should your business entity meet the criteria of a partnership and you wish to proceed with the conversion. Please note the fee to register a partnership is \$50. To proceed with the conversion, please correct your conversion documents to reflect your current business entity is a partnership and resubmit the conversion documents along with the enclosed registration statement and an additional fee of \$50.

This office strongly suggests that you seek legal advice concerning this matter.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.



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If you have any questions concerning the filing of your document, please call (850) 245-6052.

SHAMIYA M HARRIS
Regulatory Specialist II

Letter Number: 621A00021729

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2021 SEP 24 AM 11:12
STATE SECRETARY

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

All Smiles Health Care Agency, 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:

4264 Polo Ct.

Jacksonville, FL 32277

Mailing Address:

4264 Polo Ct.

Jacksonville, FL 32277

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:

Michelle N. McNair

Name

4264 Polo Ct.

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

Jacksonville


FL 32277

City

Zip

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STATE OF FLORIDA
CLERK OF STATE

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:

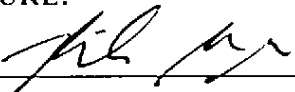
Michelle N. McNair
4264 Polo Ct.
Jacksonville, FL 32277

(Use attachment if necessary)

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DEPT. OF STATE
JACKSONVILLE, FLORIDA

ARTICLE V: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member

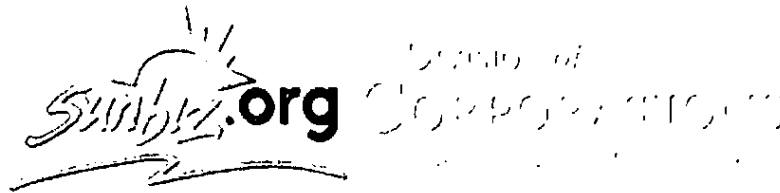
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Michelle N. McNair

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)



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Fictitious Name

ALL SMILES HEALTH CARE AGENCY

Filing Information

Registration Number G18000100467
Status ACTIVE
Filed Date 09/11/2018
Expiration Date 12/31/2023
Current Owners 1
County ALACHUA
Total Pages 1
Events Filed NONE
FEI/EIN Number 81-2818797

Mailing Address

2305 NE 10TH TER
GAINESVILLE, FL 32609

Owner Information

MCNAIR, MICHELLE N
2305 NE 10TH TER
GAINESVILLE, FL 32609
FEI/EIN Number: NONE
Document Number: NONE

Document Images

09/11/2018 -- Fictitious Name Filing

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