

L21000527597

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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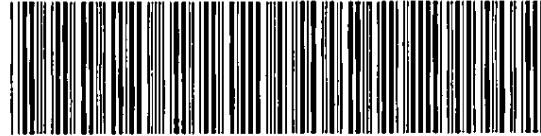
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL

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CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 335921 4332894

AUTHORIZATION

[Handwritten Signature]

COST LIMIT : \$ 150.00

ORDER DATE : December 16, 2021

ORDER TIME : 10:01 AM

ORDER NO. : 335921-005

CUSTOMER NO: 4332894

*Please update the fees
if you need to!*

DOMESTIC AMENDMENT FILING

NAME: MICHAEL LABODA, D.M.D., P.A.

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER'S INITIALS: _____

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:
Michele Laboda, D.M.D., P.A.

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a Corporation 900000114568
(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 January 1, 2001
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:
Gulf Coast Orthodontics of SWFL, PLLC

(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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Signed this 17th day of December 20 21

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: [Signature]
Printed Name: Michele B. Laboda, D.M.D. Title: Manager

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

Signature: [Signature]
Printed Name: Michele B. Laboda, D.M.D. 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)

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**ARTICLES OF ORGANIZATION
OF
GULF COAST ORTHODONTICS OF SWFL, PLLC**

These Articles of Organization are executed by the undersigned for the purpose of forming a limited liability company pursuant to the Florida Professional Service Corporation and Limited Liability Company Act, as particularly set forth in Chapter 621 of the Florida Statutes.

ARTICLE I-NAME

The name of the limited liability company shall be Gulf Coast Orthodontics of SWFL, PLLC (the "Company").

ARTICLE II-MAILING AND STREET ADDRESS

The mailing and street address of the principal office of the Company is:

14361 Metropolis Avenue, Ste #1
Fort Myers, Florida 33912

ARTICLE III-EFFECTIVE DATE

This professional limited liability company's existence shall commence upon the filing of these Articles and shall terminate as provided for in the Operating Agreement.

ARTICLE IV-INITIAL REGISTERED AGENT AND OFFICE

The name and street address of the initial registered agent of the Company are:

<u>Name</u>	<u>Address</u>
Michele B. Laboda, D.M.D.	14361 Metropolis Avenue Ste #1 Fort Myers, FL 33912

ARTICLE V-PURPOSE

The Company may engage in each and every aspect of the practice of dentistry, but only through its Members who are duly licensed or otherwise legally authorized to render such professional services within the state of Florida.

ARTICLE VI-MANAGEMENT OF THE COMPANY

The following are the name and address of the initial Manager who shall serve as the Manager of the Company until his successor is elected and qualified:

FAX AUDIT NO.:

FAX AUDIT NO.:

Name

Address

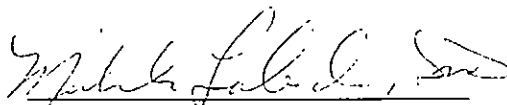
Michele B. Laboda, D.M.D.

14361 Metropolis Avenue, Ste #1
Fort Myers, Florida 33912

ARTICLE VII-OPERATING AGREEMENT

The Members shall have the power to adopt, alter, amend, or repeal the Operating Agreement of the Company containing provisions for the regulation and management of the affairs of the Company.

The undersigned, being an Authorized Representative of the Company, has executed these Articles of Organization this 17th day of December 2021.



Michele B. Laboda, D.M.D.
Authorized Representative

FAX AUDIT NO.:

FAX AUDIT NO.:

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: Gulf Coast Orthodontics of SWFL, PLLC.
2. The name and address of the registered agent and office are:

Michele B. Laboda, D.M.D.
14361 Metropolis Avenue
Ste #1
Fort Myers, FL 33912

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, Florida Statutes.



Michele B. Laboda, D.M.D.
Registered Agent

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