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| (Reque | estor's Name) |
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| (Addre | ss) |
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| (City/S | tate/Zip/Phone #} |
| | WAIT MAIL |
| (Busine | ess Entity Name) |
| (Docur | nent Number) |
| Certified Copies | Certificates of Status |
| Special Instructions to Filir | ng Officer: |
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Office Use Only



Filing Cover Sheet

To: Florida Division of Corporations

From: TAYLOR SEAY C/O Capitol Services, Inc.

Date: 5/6/2022

Trans#: 1295376

Entity Name: <u>DENTAL POST HOLDINGS, LLC (GA) CONVERTING INTO DENTAL POST</u> HOLDINGS, LLC (FL)

| Articles Incorporation/Formation () | Articles of Amendment () |
|-------------------------------------|------------------------------|
| Articles of Dissolution () | Annual Report () |
| Conversion (XX) | Fictitious Name () |
| Foreign Qualification (| Limited Liability () |
| Limited Partnership () | Merger () |
| Reinstatement (| Withdrawal / Cancellation () |
| Other () | |

STATE FEES PREPAID WITH CHECK#_____FOR \$180.00

PLEASE RETURN:

Certified Copy (XX) Plain Photocopy ()

Good Standing () Certificate of Fact ()

FILED

Articles of Conversion For <u>"Other Business Entity"</u> 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: Dental Post Holdings, 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.)

Georgia First organized, formed or incorporated under the laws of _____

(Enter state, or if a non-U.S. entity, the name of the country)

April 28, 2022 on

(date of organization, formation or incorporation)

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

Dental Post Holdings, 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.

| Signature of Authorized Representative of Lim | ited Liability Company: |
|---|--|
| | |
| Signature of Authorized Representative: <u>4500</u> Printed Name: Ajay K. Malshe | Title Authorized Person |
| | |
| Signature(s) on behalf of Other Business Entity: | See below for required signatur |
| Signature: Arves | |
| Signature: | Title: Authorized Person |
| Simetan | |
| Signature:Printed Name: | Title: |
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| Signature: | Tial |
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| Signature: | Title |
| Signature: Printed Name: | Title: |
| Printed Name: | Title: |
| Printed Name: | Title: |
| Printed Name: | Title: |
| Printed Name: <u>If Florida Corporation:</u> Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Ir <u>If Florida General Partnership or Limited Liabil</u> | Title: Officer. acorporator must sign. |
| Printed Name: <u>If Florida Corporation:</u> Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Ir <u>If Florida General Partnership or Limited Liabil</u> | Title: Officer. acorporator must sign. |
| Printed Name: <u>If Florida Corporation:</u> Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Ir <u>If Florida General Partnership or Limited Liabil</u> Signature of one General Partner. | Title: Officer. acorporator must sign. ity Partnership: |
| Printed Name: <u>If Florida Corporation:</u> Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Ir <u>If Florida General Partnership or Limited Liabil</u> Signature of one General Partner. <u>If Florida Limited Partnership or Limited Liabil</u> | Title: Officer. acorporator must sign. ity Partnership: |
| Printed Name: <u>If Florida Corporation:</u> Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Ir <u>If Florida General Partnership or Limited Liabil</u> Signature of one General Partner. <u>If Florida Limited Partnership or Limited Liabil</u> Signatures of <u>ALL</u> General Partners. | Title: Officer. acorporator must sign. ity Partnership: |
| Printed Name: <u>If Florida Corporation:</u> Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Ir <u>If Florida General Partnership or Limited Liabil</u> Signature of one General Partner. <u>If Florida Limited Partnership or Limited Liabil</u> Signatures of <u>ALL</u> General Partners. <u>All others:</u> | Title: Officer. acorporator must sign. ity Partnership: |
| Printed Name: <u>If Florida Corporation:</u> Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Ir <u>If Florida General Partnership or Limited Liabil</u> Signature of one General Partner. <u>If Florida Limited Partnership or Limited Liabil</u> Signatures of <u>ALL</u> General Partners. <u>All others:</u> Signature of an authorized person. | Title: Officer. acorporator must sign. ity Partnership: |
| Printed Name: <u>If Florida Corporation:</u> Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Ir <u>If Florida General Partnership or Limited Liabil</u> Signature of one General Partner. <u>If Florida Limited Partnership or Limited Liabil</u> Signatures of <u>ALL</u> General Partners. <u>All others:</u> Signature of an authorized person. | Title: Officer. acorporator must sign. ity Partnership: |
| Signature: Printed Name: Signature of Chairman. Vice Chairman, Director, or If Directors or Officers have not been selected, an Ir <u>If Florida General Partnership or Limited Liabil</u> Signature of one General Partner. <u>If Florida Limited Partnership or Limited Liabil</u> Signatures of <u>ALL</u> General Partners. <u>All others:</u> Signature of an authorized person. <u>Fees:</u> Articles of Conversion: | Title: Officer. acorporator must sign. ity Partnership: |
| Printed Name: <u>If Florida Corporation:</u> Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Ir <u>If Florida General Partnership or Limited Liabil</u> Signature of one General Partner. <u>If Florida Limited Partnership or Limited Liabil</u> Signatures of <u>ALL</u> General Partners. <u>All others:</u> Signature of an authorized person. <u>Fees:</u> | Title: Officer. acorporator must sign. <u>ity Partnership:</u> <u>ity Limited Partnership:</u> |

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FILED

ARTICLES OF ORGANIZATION

OF

2022 MAY -6 AM 9: 29

SECREGARY OF STATE TALLAHASSEE, FL

DENTAL POST HOLDINGS, LLC

The undersigned executes these Articles of Organization of Dental Post Holdings, LLC to form a limited liability company pursuant to the Florida Revised Limited Liability Company Act:

ARTICLE I. NAME

The name of the limited liability company is: Dental Post Holdings, LLC

ARTICLE II. ADDRESS

The mailing and street address of the principal office of the limited liability company is 920 SW 6th Avenue, Suite 240, Portland, Oregon 97204.

ARTICLE III. REGISTERED AGENT AND OFFICE

The street address of the initial registered office of the limited liability company is 101 E. Kennedy Blvd., Suite 3700, Tampa, Florida 33602, and the name of the limited liability company's initial registered agent at that address is Ajav K. Malshe.

Having been named 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.

Ajay K. Malshe

EXECUTED: May 6, 2022

Authorized Representative of Member