## L22000 398480

| (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: |
| •                                       |
|   |
|   |
|   |

Office Use Only



100400171461

81/17/20--819% -8HG +•25.89

TATE SECTION IN THE SECTION

## COVER LETTER

| TO: Regi<br>Divi   |             | Section<br>Torporations  |  |                        |
|--|-------------|--|--|------------------------|
| SUBJECT:   | Central Fl  | orida Periodontal Specialt   | y Support Services, LLC                            |                        |
| 0020201  | -           | Name of Florida  | Limited Liability Compar                           | ny.                    |
|  | bility Co   |  | ee(s) are submitted to<br>or Business Entity" in a |                        |
| Please retur   | n all corr  | espondence concernir   | ng this matter to:                                 |                        |
| Heather Allen  | ı, Legal De | partment   |  |                        |
|  |             | Contact Person   |  |                        |
| Pacific Denta  | l Services. | LLC  |  |                        |
| •  |             | Firm/Company   | <del></del>  |                        |
| 17000 Red Hi   | ll Avenue   |  |  |                        |
|  |             | Address  |  |                        |
| Irvine, CA 92  | 610         |  |  |                        |
|  | (           | Tity, State and Zip Code   |  |                        |
| rodriguezt@p   |             |  |  |                        |
| E-mail a   | ddress: (10 | be used for future annual  | report notification)                               |                        |
| For further i  | nformati    | on concerning this ma  | atter, please call:                                |                        |
| Heather Allen  |             |  | at ( <sup>714</sup> ) <sup>734</sup>               | 1-2184                 |
| Name of  | Contact P   | erson  | Area Code and Da                                   | ytime Telephone Number |
| Enclosed is  | a check t   | for the following amou   | unt:   |                        |
| ■ \$25.00 File   | ing Fee     | <del>-</del>   | S55.00 Filing Fee and Certified Copy               |                        |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |             | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |  |                        |

CR2E106 (05/17)



March 21, 2023

HEATHER ALLEN, LEGAL DEPARTMENT PACIFIC DENTAL SERVICES, LLC 17000 RED HILL AVENUE IRVINE, CA 92610

SUBJECT: CENTRAL FLORIDA PERIODONTAL SPECIALTY SUPPORT

SERVICES, LLC

Ref. Number: L22000398480

We have received your document for CENTRAL FLORIDA PERIODONTAL SPECIALTY SUPPORT SERVICES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), s.607.1622(9) and/or 607.1622(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

The Certificate of Conversion must contain the street and mailing address of an office that the Florida Dept. of State may use for purposes of s.48.181, F.S.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Letter Number: 523A00006529

Neysa Culligan Regulatory Specialist III

www.sunbiz.org

## Articles of Conversion For

## Florida Limited Liability Company

"Converted or Other Business Entity"



The Articles of Conversion is submitted to convert the following Florida Limited Liability Company into an "Other Business Entity" in accordance with s. 605.1045. Florida Statutes.

| 1. The name of the Florida Limited Liability Company converting into the "Other Business Entity" is:  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| Central Florida Periodontal Specialty Support Services, LLC   |  |  |  |  |  |  |  |
| Enter Name of Florida Limited Liability Company   |  |  |  |  |  |  |  |
| 2. The name of the "Converted or Other Business Entity" is:   |  |  |  |  |  |  |  |
| Central Florida Periodontal Specialty Support Services, LLC   |  |  |  |  |  |  |  |
| Enter Name of "Converted or Other Business Entity"  |  |  |  |  |  |  |  |
| 3. The "Converted or Other Business Entity" is a limited liability company (Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)   |  |  |  |  |  |  |  |
| organized, formed or incorporated under the laws of  (Enter state, or if a non-U.S. entity, the name of the country)  The formation document is attached (if applicable).   |  |  |  |  |  |  |  |
| 4. The plan of conversion was approved by the converting Florida Limited Liability Company in accordance with Chapter 605, F.S.   |  |  |  |  |  |  |  |
| 5. This conversion shall be effective in Florida on:  (The effective date: 1) cannot be prior to not more than 90 days after the date this document is filed by the Florida Department of State: AND 2) must be the same as the effective date of the conversion under the laws governing the "Other Business Entity.")  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.   |  |  |  |  |  |  |  |

- 6. If the "Converted or Other Business Entity" is an out-of-state entity not registered to transact business in Florida, the "Converted or Other Business Entity":
  - a.) Lists the following street and mailing address of an office the Florida Department of State may send and process served on the department pursuant to 605.0117 and Chapter 48.

| Street  | Address:   | 17000        | 2ED  | HILL                                | AVE          | _       |     |
|---------|--|--------------|--|-------------------------------------|--------------|---------|-----|
|         |  | IZVIN        | ECA  | 9261                                | 4            |         |     |
| Mailin  | g Address:   |              | '  | HILL                                |              |         |     |
|         |  | IRVIN        | E CA   | 924                                 | <u>ıu</u>    |         |     |
| app     | "Converted or<br>raisal rights the<br>605.1061-605.1 | amount to wh |  |                                     |              |         | ì   |
| Signed  | this 22nd  | day o        | November   |                                     |              | , 20 22 |     |
| Signati | ure:   |              |  |                                     |              |         |     |
|         | Cara C:  |              |  | r or Authorized Re<br>Authorized Re |              |         |     |
| Printed | l Name: Cara Ca                                      |              | Title  | Authorized Re                       | presentative | _       |     |
| Fees:   | Filing Fee:<br>Certified Copy<br>Certificate of S    |              | \$25.00<br>\$30.00 (Options)<br>\$5.00 (Options) |                                     |              | _#      | 202 |

Page 2 of 2

2023 APR 11 PH 1: 18