

L23000377442

(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



100412727321

07/25/23--01029--011 **185.00

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2023 JUL 25 AM 8:24
SEC. OF STATE
TALLAHASSEE, FL



The
Richards Law Group, PLLC

386.676.0199
PO Box 4027
Ormond Beach, FL 32175
info@richardslawgroup.com
www.richardslawgroup.com

July 14, 2023

Division of Corporations

Re: Jacksonville Dental Specialists – Conversion

To Whom It May Concern:

Please find the enclosed application to covert Jacksonville Dental Specialists from a General Partnership to a Professional Limited Liability Corporation and a check for \$185 to cover all fees.

Please let me office know if anything else is needed.

Sincerely,

A handwritten signature in black ink, appearing to be 'DR', written over a horizontal line.

Damien Richards
The Richards Law Group, PLLC
PO Box 4027, Ormond Beach FL 32175
386-676-0199 * www.RichardsLawGroup.com
DRichards@RichardsLawGroup.com

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TALLAHASSEE, FL

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: JACKSONVILLE DENTAL SPECIALISTS, PLLC
(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:

Damien Richards
(Contact Person)
The Richards Law Group, PLLC
(Firm/Company)
PO Box 4027
(Address)
Ormond Beach, FL 32175
(City, State and Zip Code)
DRichards@RichardsLawGroup.com
E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Damien Richards at (386) 6760199
(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)

<input type="checkbox"/> \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	<input type="checkbox"/> \$155.00 Filing Fees and Certificate of Status	<input type="checkbox"/> \$180.00 Filing Fees and Certified Copy	<input checked="" type="checkbox"/> \$185.00 Filing Fees, Certified Copy, and Certificate of Status
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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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SECRETARY OF STATE
TALLAHASSEE, FL
FILED

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:
JACKSONVILLE DENTAL SPECIALISTS CP1300000299

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a General Partnership
(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 02/25/2013
(date of organization, formation or incorporation)

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

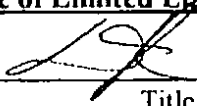
5. The plan of conversion has been approved in accordance with all applicable statutes.

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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TALLAHASSEE, FL

Signed this 14th day of July 20 23.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: 
Printed Name: Damien Richards Title: Attorney

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

Signature: 
Printed Name: Matthew S. Nawrocki Title: Partner

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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TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JACKSONVILLE DENTAL SPECIALISTS, PLLC

(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:

11512 LAKE MEAD AVENUE, SUITE 532

Jacksonville FL 32256

Mailing Address:

11512 LAKE MEAD AVENUE, SUITE 532

Jacksonville FL 32256

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:

Matthew Nawrocki

Name

11512 LAKE MEAD AVENUE, SUITE 532

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

Jacksonville


FL

32256

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..


Matthew Nawrocki (Jul 24, 2023 12:42 EDT)

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FL

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

MGR

Name and Address:

Richard E. Agila

11512 LAKE MEAD AVENUE, SUITE 532
Jacksonville FL 32256

Matthew S. Nawrocki

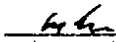
11512 LAKE MEAD AVENUE, SUITE 532
Jacksonville FL 32256

(Use attachment if necessary)

ARTICLE V: Other provisions, if any.

THE PURPOSE OF THE ENTITY SHALL BE FOR THE SOLE AND SPECIFIC PURPOSE OF PROVIDING THE PROFESSIONAL SERVICES OF DENTISTRY

REQUIRED SIGNATURE:


Matthew S. Nawrocki (Jul 24, 2023 12:42 EDT)

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.

Matthew S. Nawrocki

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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TALLAHASSEE, FL

NEW FILING SECTION (030) 243-0022
 DIVISION OF CORPORATIONS
 THE CENTRE OF TALAHASSEE
 2415 N MONROE ST. SUITE 810
 TALAHASSEE, FL 32303
 UNITED STATES US

SHIP DATE: 24 JUL 23
 ACTWGT: 1.00 LB
 CAD: 101949358/MET4640

TO **DAMIEN RICHARDS**

THE RICHARDS LAW GROUP, PLLC
700 W GRANADA BLVD
SUITE 100

ORMOND BEACH FL 32175

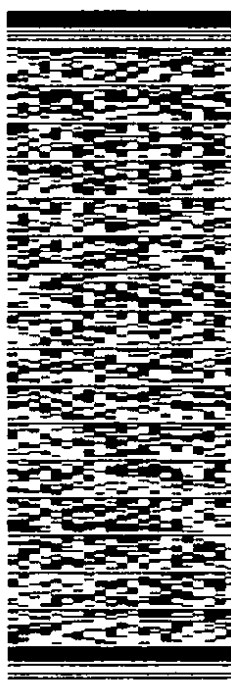
(386) 676-0199

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2. The Return Shipment instructions, which provide your recipient with information on the returns process, will be printed with the label(s).
3. After printing, select your next step by clicking one of the displayed buttons.

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Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on [fedex.com](https://www.fedex.com). FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$500, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.