240009945

(Requestor's Name)			
(Address)			
(Δ)	ddress)		
(/)	301033)		
(Ci	ty/State/Zip/Phone	#)	
PICK-UP	☐ WAIT	MAIL	
(Bi	usiness Entity Nam	ie)	
(Do	ocument Number)		
Certified Copies	Certificates	of Status	
Special Instructions to	Filing Officer:		

Office Use Only



800422631478

02/02/24--01033--012 **185.00

COVER LETTER

TO: New Filing Section Division of Corporations					
SUBJECT: Binstock Dental LLC					
	ulting Florida Limit	ed Company)			
The enclosed Articles of Conversion, Articl Business Entity" into a "Florida Limited Lia				"Other	•
Please return all correspondence concerning	g this matter to:				
Katrina Binstock					
(Contact Person)	···	•			
Binstock Dental LLC					
(Firn/Company)		•			
1081 Shire Street					
(Address)		•			
Nokomis, FL 34275					
(City, State and Zip Code)		•			
kbinstock@hotmail.com					
E-mail Address: (to be used for future annual rep	port notifications)				
For further information concerning this mat	ter, please call:				
Katrina Binstock	at (763	442-5562			
(Name of Contact Person)	_ \	(Daytime Telephone Number)			
Enclosed is a check for the following amoundollars and drawn on a bank located in the U		rocessed by this office must be	e payable	in US	
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles Status	☐S180.00 Filing and Certified Cop				
of Organization)				2024 F	
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 Tallahassee, FL 32303	810:	4FEB -2 PH12: 29	

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: Binstock Dental LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
1/1/2016
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Binstock Dental 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.

Signed this Land day of December	00.43	•		
Signed this 4 day of beautiful	_ 20 <u>_ 3</u>			
Signature of Authorized Representative of Limit	ed Liability Company:			
Signature of Authorized Representative: Authorized Representative: Printed Name: Katrina Binstock	Title: President			
Signature(s) on behalf of Other Business Entity: 15	See below for required signature(s)			
Signature: (lem) instek Printed Name: Aaron Binstock				
Printed Name: Aaron Binstock	_ Title:Vice President			
Signature:Printed Name:				
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 Officers have not been selected, an Inc.	Officer. corporator must sign.			
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:			
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:		~ 3	
All others: Signature of an authorized person.			2024 FEB	,, J
<u>Fees:</u>			-2	la Paran Paran
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)		PI112: 29	,

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na	me:					
	Limited Liability Compar	ny is:				
Binstock Dental L						
(M	lust contain the words "Limited I	_iability Company, "L.L.C.,"	or "LLC.")			
ARTICLE II - A The mailing addre	ddress: ess and street address of t	the principal office of	the Limited I	Liability Co	mpany	' is:
Principal Office	Address:	Mailing Addr	ess:			
1081 Shire Street		1081 Shire Str	eet			
Nokomis, FL 342	75	Nokomis, FL	34275			
						
(The Limited Liability C business entity with an	Registered Agent, Regis Company cannot serve as its own a active Florida registration.) Florida street address of	Registered Agent, You must	t designate an indi	e's Signatu ividual or anoth	re: ier	
The name and the		the registered agent o				
	Katrina Binstock	Name				
		Ivaine				
	1081 Shire Street	(DO D. NOT	. 11 >			
	Florida street address	(P.O. Box NOT acce	ptable)			
	Nokomis	FL 34275				
	City	Zij	p			
liability com registered agen statutes relatir	V	ted in this certificate, is capacity. I further agricate performance of mass registered agent as signature (REQUIR	I hereby accep ee to comply v ny duties, and provided for i	ot the appoi with the pro i am familio	ntment visions ar with	as of all and
	(COI	NTINUED)		· 1	155	_

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	W. C. Branch
AMBR	Katrina Binstock
	1081 Shire Street
	Nokomis, FL 34275
AMBR	Aaron Binstock
	1081 Shire Street
	Nokomis, FL 34275
	7
(Use attachment if necessary)	
(Ose attachment if necessary)	
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
7	,
- Matrima d	- mhill
Signature of a member or	an authorized representative of a member
This document is executed in accordance	e with section 605.0203 (1) (b), Florida Statutes. I am aware the
	ument to the Department of State constitutes a third degree felo
as provided for in s.817.155, F.S.	
Katrina Binstock	
T	yped 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)