

L240000469713

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

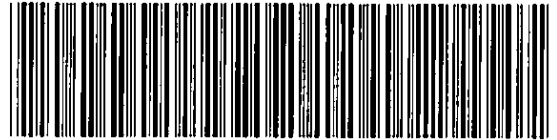
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

W240000130793
11/06/24

Office Use Only



500427723635

10/08/24--01024--020 **12.50

04/15/24--01031--009 **137.50

RECEIVED
TALLAHASSEE, FLORIDA

2024 NOV -6 PM 6:19

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 5, 2024

CHRISTIAN JIMENEZ
127 COVEWOOD WAY
APT #101
SANTA ROSA BEACH, FL 32459 US

SUBJECT: APEX ORAL SURGERY SERVICES PLLC
Ref. Number: W24000130793

We have received your document for APEX ORAL SURGERY SERVICES PLLC and check(s) totaling \$137.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The specific purpose of the entity must be set forth in the document.

The specific purpose statement may be added to Article V.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Monique K Anderson
Regulatory Specialist II

Letter Number: 924A000208

Division of State
TALLAHASSEE, FLORIDA

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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:
Apex Oral Surgery Services PLLC

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a PLLC
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of CT
(Enter state, or if a non-U.S. entity, the name of the country)

on 1/22/24
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:
Apex Oral Surgery Services 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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CLERK OF THE COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA

Signed this 25th day of September 2024 20_____.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: Christian Jimenez
Printed Name: Christian Jimenez Title: Managing member, sole member

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

Signature: Christian Jimenez
Printed Name: Christian Jimenez Title: Managing member, sole member

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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CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Apex Oral Surgery Services 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:

127 Covewood Way, Apt #101

Santa Rosa Beach, FL 32459

Mailing Address:

127 Covewood Way, Apt #101

Santa Rosa Beach, FL 32459

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:

Christian Jimenez

Name

127 Covewood Way, Apt #101

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

Santa Rosa Beach

FL 32459

City

Zip

CLERK OF COURT
TALLAHASSEE, FLORIDA

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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..

Christian Jimenez

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Manager

Name and Address:

Christian Jimenez

127 Covewood Way apt #101

Santa Rosa Beach, FL 32459

(Use attachment if necessary)

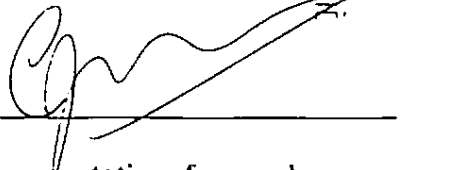
ARTICLE V: Other provisions, if any.

N/A

To integrate specialized care seamlessly into dental practices,
ensuring the highest standards of professional excellence and
patient satisfaction.

REQUIRED SIGNATURE:

Christian Jimenez



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.

Christian Jimenez

Christian Jimenez

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, FLORIDA