

L24000513393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

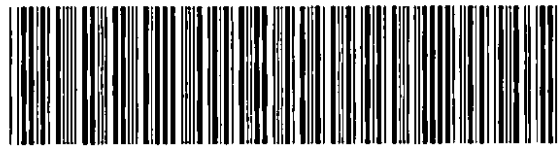
(Document Number)

Certified Copies _____ Certificates of Status _____

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W24000159170

Office Use Only



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2024 DEC -4 PM 4:34

CLERK OF SUPERIOR COURT
JANUARY 1, 2025

FILED

2024 DEC -4 PM 2:05

CLERK OF SUPERIOR COURT
JANUARY 1, 2025



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 10, 2024

COGENCYGLOBAL

SUBJECT: MID-FLORIDA ENDODONTICS - CLEARMONT, PLLC
Ref. Number: W24000159170

We have received your document for MID-FLORIDA ENDODONTICS - CLEARMONT, PLLC. However, the document has not been filed and is being returned for the following:

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

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

Summer Chatham
Supervisor
New Filings Section

Letter Number: 924A00026702

*Honor original
file date.*



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: 120000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date: 12/04/2024

Name: Cheyenne Davis

Reference #: 2586449

Entity Name: MID-FLORIDA ENDODONTICS - CLEARMONT, PLLC

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☒ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other PLEASE ATTACH CC UPON FILING

Authorized Amount: \$180

Signature: *Cheyenne Davis*

① CORPORATE HQ
COGENCY GLOBAL INC.
10 E 40TH ST, 10TH FL
NY, NY 10016
D: +1.212.947.7200
P: 800.221.0102
F: 800.944.6607

② EUROPEAN HQ
COGENCY GLOBAL (UK) LIMITED
REGISTERED IN ENGLAND & WALES,
REGISTRY #8010712
6 LLOYDS AVE, UNIT 4CL
LONDON EC3N 3AX
+44 (0)20.3961.3080

③ ASIA PACIFIC HQ
COGENCY GLOBAL (HK) LIMITED
A HONG KONG LIMITED COMPANY
UNIT B, 1/F, LIPPO LEIGHTON TOWER
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HONG KONG
P: +852.2682.9633
F: +852.2682.9790

**ARTICLES OF CONVERSION
FOR
MID-FLORIDA ENDODONTICS – CLERMONT, P.A.
INTO
MID-FLORIDA ENDODONTICS – CLERMONT, PLLC**

These Articles of Conversion (these “Articles”) are submitted to the Florida Department of State to convert **MID-FLORIDA ENDODONTICS – CLERMONT, P.A.**, a Florida professional association (the “Florida Corporation”), into **MID-FLORIDA ENDODONTICS – CLERMONT, PLLC**, a Florida professional limited liability company (the “Florida Professional Limited Liability Company”), in accordance with Section 607.11933 of the Florida Business Corporations Act.

1. The name of the Florida Corporation converting into the Florida Professional Limited Liability Company is Mid-Florida Endodontics – Clermont, P.A., a Florida professional association, which was formed under the laws of the State of Florida on January 11, 2024.

2. The name of the converted Florida Professional Limited Liability Company is Mid-Florida Endodontics – Clermont, PLLC, a Florida professional limited liability company.

3. The plan of conversion was approved by the Florida Corporation in accordance with the Florida Business Corporations Act.

4. The Florida Corporation has converted into a Florida Professional Limited Liability Company in compliance with Chapters 605 and 621 of the Florida Statutes, which govern Florida professional limited liability companies and professional associations.

5. The Articles of Organization of the Florida Professional Limited Liability Company is attached hereto as Exhibit A.

6. This conversion is effective under the laws governing the Florida Professional Limited Liability Company on December 4, 2024.

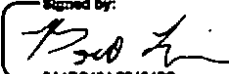
7. The principal office address of the Florida Professional Limited Liability Company is 2855 W State Rd 434, Suite 1021, Longwood, FL 32779.

[SIGNATURE PAGE FOLLOWS]

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CLERMONT, FLORIDA

Signed this 4th day of December, 2024.

**MID-FLORIDA ENDODONTICS -
CLERMONT, P.A., a Florida professional
association**

Signed by:

By: 2A1D813AC34842C...
Name: Brad Lipkin
Title: President

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CLERMONT, FL

Exhibit A

Articles of Organization

(See attached.)

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CLERK OF COURT
JUDICIAL DISTRICT OF ALABAMA
SOUTHERN DISTRICT

**ARTICLES OF ORGANIZATION
OF
MID-FLORIDA ENDODONTICS – CLERMONT, PLLC
(a Florida Professional Limited Liability Company)**

ARTICLE I

Name

The name of the professional limited liability company (the “Company”) is Mid-Florida Endodontics – Clermont, PLLC.

ARTICLE II

Principal Office and Mailing Address

The address of the principal office and the mailing address of the Company is 2855 W State Rd 434, Suite 1021, Longwood, FL 32779.

ARTICLE III

Registered Agent and Office

The street address of the initial registered office of the Company is 2855 W State Rd 434, Suite 1021, Longwood, FL 32779. The name of the initial registered agent of the Company at that office is Brad Lipkin.

ARTICLE IV

Manager-Managed

The Company shall be manager-managed.

Name and Address of the Managers

Brad Lipkin
2855 W State Rd 434, Suite 1021
Longwood, FL 32779

Aaron Isler
2855 W State Rd 434, Suite 1021
Longwood, FL 32779

ARTICLE V

Effective Date

Effective date, if other than the date of filing: December 4, 2024.

ARTICLE VI

Purpose

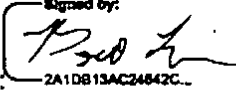
The purpose for which the Company is organized is endodontics.

[Signature Page to follow]

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CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE SEVENTH JUDICIAL CIRCUIT
IN FLORIDA

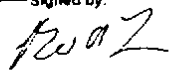
Signed this 4th day of December, 2024.

**MID-FLORIDA ENDODONTICS -
CLERMONT, PLLC**, a Florida
professional limited liability company

Signed by:

By: 2A1D813AC24642C...
Name: Brad Lipkin

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CLERMONT, FL

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..

Signed by:

611F5F2DC1C64C8 ...

Registered Agent's Signature

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SOUTH CAROLINA