

PO 3000065296

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

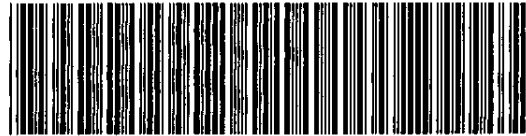
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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N.C.
C.COULLIETTE
NOV 22 2011
EXAMINER



Dean, Mead & Bovay, P.A.

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Viera
Gainesville

JOHN C. BOVAY

jbovay@deanmead.com

November 17, 2011

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir/Madam:

Enclosed please find the following documents:

1. Articles of Amendment to the Articles of Incorporation of Martin and Jacobson Orthodontics, Inc. amending the name to M & J Building, Inc.
2. Certificate of Conversion for M & J Building, Inc. to M & J Building, LLC along with the Articles of Organization for M & J Building, LLC
3. Articles of Organization for Martin and Jacobson Orthodontic Association, LLC

Along with our firm check, number 1101 in the amount of \$345.00, \$35.00 for the filing fee for the Articles of Amendment, \$155.00 for the filing fee for the Certificate of Conversion and Articles of Organization and another \$155.00 for the filing fee for the Articles of Organization.

Please send the certified copies to me and I will deliver to my client. A self-addressed stamped envelope has been provided for your convenience.

Sincerely,

A handwritten signature of John C. Bovay, written in black ink, consisting of a large, stylized 'J' and 'B'.

John C. Bovay

cc: A. Page Jacobson, DDS
Dawn L. Martin, DMD

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Martin and Jacobson Orthodontics, Inc.

DOCUMENT NUMBER: P03000065296

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

John C. Bovay

Name of Contact Person

Dean, Mead & Bovay, P.A.

Firm/ Company

901 N.W. 57th Street

Address

Gainesville, FL 32605

City/ State and Zip Code

info@imortho.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John C. Bovay

Name of Contact Person

at (352) 331-9092

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

Martin and Jacobson Orthodontics, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P03000056296

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

M & J Building, Inc.

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

*(Principal office address **MUST BE A STREET ADDRESS**)*

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DIVISION OF CORPORATIONS

C. Enter new mailing address, if applicable:

*(Mailing address **MAY BE A POST OFFICE BOX**)*

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

New Registered Office Address:

_____ (Florida street address)

_____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)

<u>Title(s)</u>	<u>Name</u>	<u>Address</u>
1) _____	_____	_____ _____ _____
2) _____	_____	_____ _____ _____
3) _____	_____	_____ _____ _____
4) _____	_____	_____ _____ _____
5) _____	_____	_____ _____ _____
6) _____	_____	_____ _____ _____

If REMOVING an officer and/or director, please list the title(s) and name of the officer/director to be removed:

<u>Title(s)</u>	<u>Name</u>	<u>Title(s)</u>	<u>Name</u>
1) _____	_____	4) _____	_____
2) _____	_____	5) _____	_____
3) _____	_____	6) _____	_____

(attach additional sheets, if necessary). (Be specific)

Page 3 of 4

The date of each amendment(s) adoption: 11-10-11
(date of adoption - required)

Effective date if applicable: 11/10/11
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____."
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 11-16-11

Signature Dawn Martin
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Dawn Martin
(Typed or printed name of person signing)

Pres
(Title of person signing)