

P09000097621

(Requestor's Name)

(Address)

CF - 10.00

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

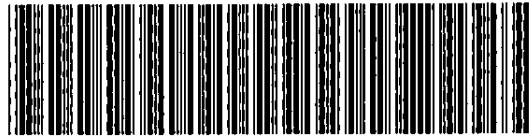
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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12/02/09--01007--016 **25.00

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

09 DEC -2 AM 11:34

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B. KOHR

DEC 14 2009

EXAMINER

LAZARUS

CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. LMC Dental LLC
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☒ Walk in ☒ Pick up time 2.00 ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☒ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☒ Other

conversion

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 2, 2009

LAZARUS

TALLAHASSEE, FL

SUBJECT: LMC DENTAL, P.A.
Ref. Number: W09000052528

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DIVISION OF CORPORATIONS
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We have received your document for LMC DENTAL, P.A. and your check(s) totaling \$103.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$103.75 payment.

The wrong conversion form has been used. To convert an LLC into a Florida corporation, you must use the OTHER BUSINESS ENTITY INTO FLORIDA PROFIT CORPORATION conversion certificate. Please note that this certificate must be signed by both the CONVERTING ENTITY and by the RESULTING ENTITY. There must be TWO SIGNATURES on the form.

ALSO, please note that the TOTAL AMOUNT required to file your conversion and to obtain a certified copy is \$113.75.

So when you resubmit your filing, please send a check for an ADDITIONAL \$10.00.

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) 245-6914.

Buck Kohr
Regulatory Specialist II

Letter Number: 709A00036955

RECEIVED
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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS
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Certificate of Conversion
For
"Other Business Entity"
Into
Florida Profit Corporation

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following **"Other Business Entity"** into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

LMC DENTAL, LLC

Enter Name of Other Business Entity

209000045111

2. The "Other Business Entity" is a Limited Liability Company
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)

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

on May 11, 2009
Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation:**

LMC DENTAL, P.A.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: _____
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

Signed this 2nd. day of December, 20 09.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: [Signature]

Printed Name: Jorge L. de Armas Title: President/Director

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

Signature: [Signature]

Printed Name: JORGE L. DE ARMAS Title: PRESIDENT/DIRECTOR

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

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.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

Fees:

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$ 8.75 (Optional)
Certificate of Status:	\$ 8.75 (Optional)

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DIVISION OF CORPORATIONS
09 DEC -3 PM 2:34

**ARTICLES OF INCORPORATION
OF
LMC DENTAL , P.A.**

The undersigned incorporator(s), for the purpose of forming a Professional Services Corporation under Chapter 621 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation:

ARTICLE I: NAME

The name of the Corporation shall be: LMC DENTAL, P.A.

ARTICLE II: PRINCIPAL OFFICE

**The principal place of business and mailing address of this Corporation shall be:
11501 SW 40th Street, Miami, FL. 33165.**

ARTICLE III: PURPOSE

The purpose of this Corporation shall be: DENTAL OFFICE

ARTICLE IV: CAPITAL STOCK

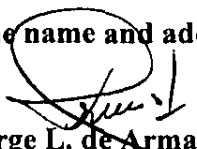
The number of shares of stock that this Corporation is authorized to have outstanding at anyone time is : one thousand (1000) shares having and individual par value of ONE DOLLAR (\$1.00) each.

ARTICLE V: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial Registered Agent is: Jorge L. de Armas, DDS, 11501 SW 40th. Street, Miami, FL. 33165.

ARTICLE VI: BOARD OF DIRECTOR(S)

The name and address of the initial Board of Directors shall be:


**Jorge L. de Armas DDS
President/Secretary/Director
11501 SW 40TH. Street,
Miami, FL. 33165**

ARTICLE VII: OFFICER(S)

The name, title and address of the Officers of this Corporation shall be:

Jorge L. de Armas, DDS
President/Secretary/Director
11501 SW 40th. Street,
Miami, FL. 33165

ARTICLE VIII: INCORPORATOR(S)

The name and address of the incorporator(s) to these Articles of Incorporation shall be:

Jorge L. de Armas, DDS
11501 SW 40th. Street,
Miami, FL. 33165

The undersigned has (have) executed these Articles of Incorporation this _____ day of November, 2009.



Jorge L. de Armas DDS
Initial Incorporator

**CERTIFICATION OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

---Having been named as Registered Agent and to accept services of process of the above stated Corporation at the place designated in the Articles of Incorporation, I Hereby accept the appointment as Registered 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.



Jorge L. de Armas DDS
REGISTERED AGENT