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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

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(Business Entity Name)

(Document Number)

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10 MAY 21 AM 10:56

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

B. KOHR

MAY 25 2010

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Pelican Landing Dental, P.A.

Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with 607.1115, F.S.

Please return all correspondence concerning this matter to:

Timothy J. Allen Jr., Esq

Contact Person

Shochet Law Group

Firm/Company

4897 Jog Road

Address

Greenacres, FL 33467

City, State and Zip Code

Tallen@shochetlaw.com

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

For further information concerning this matter, please call:

Timothy J. Allen Jr., Esq

Name of Contact Person

at ( 561 )

244-5308

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$105.00 Filing Fees    ☐ \$113.75 Filing Fees and Certificate of Status    ☐ \$113.75 Filing Fees and Certified Copy    ☒ \$122.50 Filing Fees, Certified Copy, and Certificate of Status

**STREET ADDRESS:**

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

**MAILING ADDRESS:**

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

*[Handwritten signature]*

10 MAY 21 AM 10:56  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32301

**Certificate of Conversion**

For

**"Other Business Entity"**

Into

**Florida Profit Corporation**

10 MAY 21 AM 10:56  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA

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:

Gilbert Dental P.L.L.C.

Enter Name of Other Business Entity

L100000057157

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 Florida  
(Enter state, or if a non-U.S. entity, the name of the country)

on May 11, 2010  
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:**

Pelican Landing Dental, P.A.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: May 11, 2010  
(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 18<sup>th</sup> day of May, 2010.

**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: Shochet Law Group Title: Incorporator

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

Signature: [Signature]

Printed Name: Shochet Law Group Title: Authorized Representative

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)

**ARTICLES OF INCORPORATION**  
**In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)**

**ARTICLE I      NAME**

The name of the corporation shall be:

Pelican Landing Dental, P.A.

**ARTICLE II      PRINCIPAL OFFICE**

The principal place of business/mailling address is:

Pelican Landing Dental, P.A.  
23451 Walden Center Drive, Suite 100, Bonita Springs, FL 34134

**ARTICLE III      PURPOSE**

The purpose for which the corporation is organized is:

To engage in the practice of dentistry as a Professional Corporation and to provide services incident thereto, carried out only through officers and other agents who are licensed in Florida and to render the service of dentist.

**ARTICLE IV      SHARES**

The number of shares of stock is:

1000.00

**ARTICLE V      INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):      PSTD

Dr. Richard Gilbert, D.M.D.

**ARTICLE VI      REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Shochet Law Group  
4897 Jog Road  
Greenacres, FL 33467

**ARTICLE VII      INCORPORATOR**

The name and address of the Incorporator is:

Shochet Law Group  
4897 Jog Road  
Greenacres, FL 33467

\*\*\*\*\*  
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

\_\_\_\_\_  
Signature/Registered Agent / and Incorporator

\_\_\_\_\_  
Signature/Incorporator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

RECORDED  
DIVISION OF CORPORATIONS  
10 MAY 21 AM 10:56

5-18-2010