## \*P12000097292

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Submood Entity (Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700241956237

11/26/12--01018--006 \*\*105.00

2012 NOV 26 PM 1: 18

C. LEWIS NOV 2 7 2012 EXAMINER

## **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT: PALM BEACH ORTHODONTICS, INC.

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 s. 607.1115, F.S.

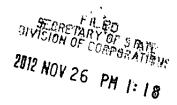
Please return all correspondence concerning this matter to:

CARI	ROL A. FENN			
Contact Person				
PALM BEACH	ORTHODONTICS, IN	IC.		
	Firm/Company			
400 EXECUTIVE CENTI	ER DR., #105			
	Address			
WEST PALM BEACH,	FL 33401			
C	City, State and Zip Code			
CARROLFENN@YAH				
E-mail address: (to	be used for future annual r	eport notification)		
For further informati	on concerning this ma	tter, please call:		
CARROL A. FENN		at (_561	686	-3335
Name of Contact Person		Area Code and	l Dayti	me Telephone Number
Enclosed is a check t	for the following amou	nt:		
☑ \$105.00 Filing Fees	S113.75 Filing Fees and Certificate of Status	□\$113.75 Filing and Certified Cop		□\$122.50 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRES	<u>S:</u>	<u>MAILI</u>	NG A	ADDRESS:
Registration Section		Registration Section		
Division of Corporations		Division of Corporations		

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

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

## Certificate of Conversion For "Other Business Entity" Into Florida Profit Corporation



This Certificate of Conversion <u>and attached Articles of Incorporation</u> 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:
PALM BEACH ORTHODONTICS, LLC. L 1000070925
Enter Name of Other Business Entity
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 07/06/2010
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:
PALM BEACH ORTHODONTICS, INC.
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.)
6. The conversion is permitted by the applicable law(s) governing the other business entity and the conversion complies with such law(s) and the requirements of s.607.1115, F.S., in effecting the conversion.
7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is

Page 1 of 2

currently organized, formed or incorporated.

NOV-21-2012 13	3:02 FROM: ACCO	INTING & TAX OFF 5	617902013	TD: 68791	
Näy 21 12 12:04p NOV-21-2012		nD.D.S. DUNTING & TRX OFF S6	517982013	5616879183 TO:6879183	SCORETARY OF STATE SIVISION OF CORPORATION'S P.4/6 PM 1: 18
Signed	l this <u>2187</u> day	of NOVEMBER	20_	12	
Individual	tual algoing affirms degree felony as pr ure of Chairman, Vi	Tionide Profit Corporate that the facts stated in the ovided for in a.817.155, ice Chairman, Director, Co	vis document are true. F.S. Difficer, or, if Director	s or Officers have	
selecte	ed, un incomporator:	PENN Title:	tean_		
stated s.817. Signat Printe	in this document and 155, F.S. [See below ure: ARROL A. F.	behalf of Other Business true. Any false informs for required signature(s). OL FIRM EAN	ition constitutes a thin	d degree felony as	provided for in
					•
Printe	Name:		Title:		
Signal Printe	we: Name:		Title:		<u>.</u>
Signal Printe	ure: 1 Name:		Title:		
Signat Printe	urer		Title:		<u>.</u> -
I <b>f Flo</b> i Signat	rida General Partes ure of one General P	ership or Limited Liabili orthor.	iv Partnership:		
<u>lf Flo</u> Signal	rida Limited Partus ures of ALL Genera	rship ar Limited Llabili Pariners.	ty Limited Partnersh	io:	

Pees:

Nov 21 12 01:06p Carrol A Fenn D.D.S.

Certificate of Conversion; \$35.00 Fees for Florida Articles of Incorporation: \$70.00

If Finrida Limited Liability Company: Signature of a Mamber or Authorized Representative.

Centified Copy: Certificate of Status:

All others:
Signature of an authorized person.

\$8.75 (Optional) \$8.75 (Optional)

5616879183

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Page 2 of 1

Nov 21 12 12:04p Carrol A Fenn D.D.S.

NOV-21-2012 11:41 FROM:ACCOUNTING & TAX OFF 5617902013

5616879183

TO:6879183

p.2 P.3/6

SECRETARY OF STATE

2812 NOV 26 PM 1: 18

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

The nume of the co	rporation shall be: PALM BEACH	I ORTHODONTICS, INC.
	PRINCIPAL OFFICE Principal street address CUTIVE CENTER DRIVE, #105 LM BEACH, FL 33401	Mailing address, if different is:
RTICLE III	PURPOSE  bich the corporation is organized is:	
ANY AND	ALL LAWFUL BUSINE	ess
RTICLE IV		
he number of sha	res of slock is: 100	
	INITIAL OFFICERS AND/OR DIRE	
Name and Ti	(E) C; GAROL A. FERNL PRESIDENT  400 EXECUTIVE CENTER ORIVE, 8106	
Additess:	WEST PALM BEACH, FL 23401	Address:
Name and Ti	itle:	Name and Title:
Address:		
	itle:	Name and Title:
Address:		Address:
		CARROL A. FONN
RTICLE VI	REGISTERED AGENT	
	orida street address (P.O. Box NOT accep	table) of the registered agent is:
Name:	CARROL A. FERM	
Address:	400 EXECUTIVE CENTER DRIVE, \$105	<del></del>
	WEST PALM CEACH, FL 37401	<del></del>
RTICLE VII		
nc <u>arme and ad:</u> Name:	dress of the Incorporator is:	
Address:	400 EXECUTIVE CENTER DRIVE, #105	
	WEST PALM BEACH, PL 93401	<del></del>
laving been nam is cartificate, I a	ned at registered agent to accept service uj un familiar with and accept the appointme	f provess for the above stated corporation at the place designated at as registered agent and agree to act in this capacity
Car	rol Jona	11/21/2012
Reau	rired Signature/Registered Agent	Date
submit this docu		cia are true. I am aware that any false information submitted in ee felony as provided for in £817.155, F.S.
1 Ca	uol Jenn	11/21/2012
9-000	and Signature/Impartmenter	