

# P/3000072035

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

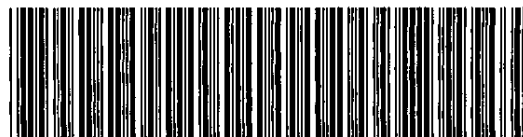
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100249469631

08/01/13--01001--004 \*\*105.00

07/12/13--01008--022 \*\*43.75

FILED  
13 AUG 27 PM 12:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W13-43893

K 08/30/13



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 6, 2013

CHARLES REINERTSEN  
TAVARES DENTAL EXCELLENCE, LLC  
215 E. BURLEIGH BLVD.  
TAVARES, FL 32778

SUBJECT: LIFETIME DENTAL, INC  
Ref. Number: W13000043893

RECEIVED  
13 AUG 27 AM 11:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for LIFETIME DENTAL, INC and your check(s) totaling \$148.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 608.4403, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by a member or an authorized representative of a member. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

Please return the corrected original and one copy of 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) 245-6052.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 413A00018853



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 17, 2013

CHARLES REINERTSEN  
215 E. BURLEIGH ROAD  
TAVARES, FL 32778

SUBJECT: LIFETIME DENTAL, INC.  
Ref. Number: W13000040268

RECEIVED  
13 AUG - 1 AM 9:58  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

We have received your document for LIFETIME DENTAL, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You can not file an Amendment to change the name from LLC designation to an INC. You have to file a conversion to change from an LLC to a INC. I am enclosing the Conversion form if that is what you are wanting to file. Complete the conversion forms and note the additional filing fee.

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) 245-6051.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 513A00017382

**COVER LETTER**

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** LIFETIME DENTAL, 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:

CHARLES REINERTSEN  
Contact Person

TAVARES DENTAL EXCELLENCE, LLC  
Firm/Company

215 E. BURLEIGH BLVD.  
Address

TAVARES, FL 32778  
City, State and Zip Code

CWREIN@ME.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN RICE, CPA at (352) 383-6300  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input checked="" type="checkbox"/> \$105.00 Filing Fees | <input type="checkbox"/> \$113.75 Filing Fees<br>and Certificate of<br>Status | <input type="checkbox"/> \$113.75 Filing Fees<br>and Certified Copy | <input type="checkbox"/> \$122.50 Filing Fees,<br>Certified Copy, and<br>Certificate of Status |
|--|---|---|--|

**STREET ADDRESS:**

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

**MAILING ADDRESS:**

Charter 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 **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:

TAVARES DENTAL EXCELLENCE, LLC (L08-62050)

Enter Name of Other Business Entity

2. The "Other Business Entity" is a LLC  
(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 6/24/08  
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:**

LIFETIME DENTAL, 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.)

FILED  
13 AUG 27 PM 12:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Signed this 26 day of July, 2013.

**Required Signature for Florida Profit Corporation:**

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: Charles W. Reinertsen, DMD

Printed Name: CHARLES W. REINERTSEN Title: PRES.

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

Signature: Charles W. Reinertsen  
Printed Name: CHARLES W. REINERTSEN Title: PRES.

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)

FILED  
13 AUG 27 PM 12:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: LIFETIME DENTAL, INC

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

Principal street address <u>215 E. BURLEIGH BLVD.</u> <u>TAVARES, FL 32778</u>	Mailing address, if different is: _____ _____ _____
--	--

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

DENTISTRY - DENTAL CARE  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES**

The number of shares of stock is: TEN (10)

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

Name and Title: <u>CHARLES W. REINERTSEN, PRES.</u>	Name and Title: _____
---	-----------------------

Address: <u>215 E. BURLEIGH BLVD.</u>	Address: _____
<u>TAVARES, FL 32778</u>	_____

Name and Title: _____	Name and Title: _____
-----------------------	-----------------------

Address: _____	Address: _____
----------------	----------------

Name and Title: _____	Name and Title: _____
-----------------------	-----------------------

Address: _____	Address: _____
----------------	----------------

**ARTICLE VI REGISTERED AGENT**

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

Name: CHARLES W. REINERTSEN, DMD

Address: 215 E. BURLEIGH BLVD  
TAVARES, FL 32778

**FILED**  
13 AUG 27 PM 12:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: CHARLES W. REINERTSEY

Address: 215 E. BURLEIGH BLVD  
TAUARES, FL. 32778

\*\*\*\*\*  
*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*

Charles W. Reinertsey, DMD  
Required Signature/Registered Agent

6/26/13  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

Charles W. Reinertsey, DMD  
Required Signature/Incorporator

6/26/13  
Date

FILED  
13 AUG 27 PM 12:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA