

P13000/00057

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** Dr. Sun Park Kuo  
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:

Sun Park Kuo  
Contact Person

Dr. Sun Park Kuo  
Firm/Company

3345 Cypress Legends Cir #1103  
Address

Ft. Myers FL 33905  
City, State and Zip Code

Sunpark0923@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sun Park Kuo at (239) 888-9266  
Name of Contact Person 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:**  
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**

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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:

Dr. Sun Park Kuo PLLC - L1200005724  
Enter Name of Other Business Entity

2. The "Other Business Entity" is a limited liability partnership 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 Nevada  
(Enter state, or if a non-U.S. entity, the name of the country)

on 9/28/2011  
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:

Florida, Dr. Sun Park Kuo PLLC

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

Dr. Sun Park Kuo PA  
Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 1/1/2014  
(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 6<sup>th</sup> day of December, 2013.

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**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: Sun Pak Kuo Title: Director

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

Signature: [Signature]  
Printed Name: Sun Pak Kuo Title: managing member

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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## 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: Dr. Sun Park Kuo, PA

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

EFFECTIVE DATE 1/1/2014

Principal street address

Mailing address, if different is:

3345 Cypress Legends Cir #1103  
Fort Myers, FL 33905

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

general dentistry: diagnose and treat tooth decay and  
periodontal condition

### ARTICLE IV SHARES

The number of shares of stock is: 10,000

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sun Park Kuo, director Name and Title: \_\_\_\_\_

Address: 3345 Cypress Legends Cir #1103 Address: \_\_\_\_\_  
Fort Myers FL 33905

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: SUN PARK KUO

Address: 3345 Cypress Legends Cir #1103  
Fort Myers FL 33905

**ARTICLE VII INCORPORATOR**

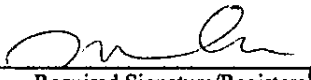
The name and address of the Incorporator is:

Name: Sun Park Kuo  
Address: 3345 Cypress legends Cir #1103  
Fort Myers FL 33905

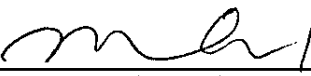
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*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

 / Sun Park Kuo      12/6/13  
Required Signature/Registered Agent      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.*

 / Sun Park Kuo      12/6/13  
Required Signature/Incorporator      Date