

P15000057357

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

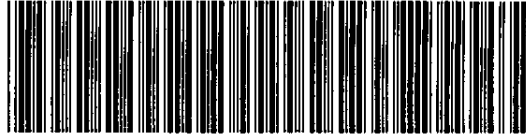
(Business Entity Name)

(Document Number)

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

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15 NOV 30 PM 6:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Charter Section  
Division of Corporations

SUBJECT: Wisdom Akpaka, DDS P.A.

Refer to  
(L15000162796)

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:

Wisdom Akpaka

Contact Person

c/o Dubrow Duker & Associates, P.A.

Firm/Company

5401 N. University Drive, Suite 204

Address

Coral Springs, FL 33067

City, State and Zip Code

dorwisdom@gmail.com

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

For further information concerning this matter, please call:

Wisdom Akpaka

at (678) 650-2198

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:**

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

**MAILING ADDRESS:**

New Filings 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:

Wisdom Akpaka, DDS PLLC

L15000162796

Enter Name of Other Business Entity

2. The "Other Business Entity" is a Professional 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 September 24, 2015

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**:

Wisdom Akpaka, DDS 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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

FILED  
15 SEP 30 PM 4:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Signed this 19<sup>th</sup> day of November, 2015.

**Required Signature for Florida Profit Corporation:**

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

Incorporator: X *as pacant*

Printed Name: Wisdom Akpaka Title: President

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

Signature: *as pacant*

Printed Name: Wisdom Akpaka Title: Manager

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: Wisdom Akpaka, DDS P.A.

**ARTICLE II    PRINCIPAL OFFICE**

The principal place of business/mailing address is:

Principal street address

5401 N. University Drive, Suite 204

Coral Springs, FL 33067

Mailing address, if different is:

c/o Dubrow Duker & Associates, P.A.

5401 N. University Drive, Suite 204

Coral Springs, FL 33067

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

Dental Practice

**ARTICLE IV    SHARES**

The number of shares of stock is: 1000

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

Name and Title: Wisdom Akpaka, P/VP/S/T

Address: 5401 N. University Drive, Suite 204

Coral Springs, FL 33067

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Dubrow Duker & Associates, P.A.  
Address: 5401 N. University Drive, Suite 204  
Coral Springs, FL 33067

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Wisdom Akpaka  
Address: 5401 N. University Drive, Suite 204  
Coral Springs, FL 33067


\*\*\*\*\*

*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*

  
\_\_\_\_\_  
Required Signature/Registered Agent

11/19/2015  
\_\_\_\_\_  
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.*

x   
\_\_\_\_\_  
Required Signature/Incorporator

x 11/19/2015  
\_\_\_\_\_  
Date

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L15000162796  
FILED 8:00 AM  
September 24, 2015  
Sec. Of State  
tburch

**Article I**

The name of the Limited Liability Company is:

WISDOM AKPAKA, DDS PLLC

**Article II**

The street address of the principal office of the Limited Liability Company is:

1150 CLEVELAND ST.  
SUITE 301  
CLEARWATER, FL. 33755

The mailing address of the Limited Liability Company is:

PO BOX 3821  
CLEARWATER, FL. 33767

**Article III**

The name and Florida street address of the registered agent is:

RENEY DUBOSE  
1150 CLEVELAND STREET  
SUITE 301  
CLEARWATER, FL. 33755

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and 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.

Registered Agent Signature: RENEY DUBOSE

#### **Article IV**

The name and address of person(s) authorized to manage LLC:

Title: MGR  
WISDOM AKPAKA DDS  
1150 CLEVELAND STREET  
CLEARWATER, FL. 33755

**L15000162796**  
**FILED 8:00 AM**  
**September 24, 2015**  
**Sec. Of State**  
tburch

#### **Article V**

The effective date for this Limited Liability Company shall be:

09/24/2015

Signature of member or an authorized representative

Electronic Signature: WISDOM AKPAKA

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.