

P160000014616

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

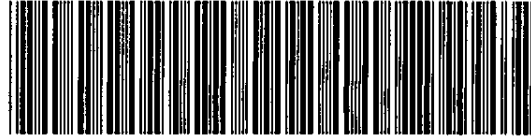
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/28/15--01036--003 **105.00

16 FEB -9 PM 4:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1116-1308

END 2/15

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: MARIO HERNANDEZ D.D.S. 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:

PETER CAMACHO

Contact Person

CP ASSOCIATED SERVICES INC

Firm/Company

515 N FLAGLER DRIVE P-300

Address

WEST PALM BEACH, FL 33401

City, State and Zip Code

INFO@CPASSOCIATED.COM

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

For further information concerning this matter, please call:

PETER CAMACHO

at (561) 237-5520

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 11, 2016

PETER CAMACHO
515 N.FLAGLER DRIVE, P-300
WEST PALM BEACH, FL 33401

SUBJECT: MARIO HERNANDEZ D.D.S. INC
Ref. Number: W16000001308

We have received your document for MARIO HERNANDEZ D.D.S. INC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a chairman, vice chairman, director, officer, or an incorporator, if directors or officers have not been selected.

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) 245-6052.

Maryanne Dickey
Regulatory Specialist II

Letter Number: 016A00000560



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 22, 2016

PETER CAMACHO
515 N.FLAGLER DRIVE, P-300
WEST PALM BEACH, FL 33401

SUBJECT: MARIO HERNANDEZ D.D.S. INC
Ref. Number: W16000001308

We have received your document for MARIO HERNANDEZ D.D.S. INC and your check(s) totaling \$105.00. However, the document has not been filed and is being retained in this office for the following:

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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) 245-6052.

Maryanne Dickey
Regulatory Specialist II

Letter Number: 016A00000560

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Profit Corporation

16 FEB -9 PM 4:23
DEPARTMENT OF STATE
TALLAHASSEE, FL 32310

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:

MARIO HERNANDEZ D.D.S. LLC

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 August 27th, 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**:

MARIO HERNANDEZ D.D.S. INC

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: SEPTEMBER 9TH 2015

(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.

Signed this 3RD day of DECEMBER, 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: _____

Printed Name: MARIO HERNANDEZ Title: PRESIDENT

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

Signature: 

Printed Name: MARIO HERNANDEZ Title: President

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)

16 FEB -9 PM 4:23
RECEIVED
STATE OF FLORIDA
SECRETARY OF STATE

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: MARIO HERNANDEZ D.D.S. INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address

Mailing address, if different is:

1870 FOREST HILL BLVD suite 103

WEST PALM BEACH, FL 33406

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ALL LEGAL PURPOSES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARIO HERNANDEZ PRESIDENT

Name and Title: _____

Address: 6695 CONCH COURT

Address: _____

BOYNTON BEACH, FL 33437

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

16 FEB -9 PM 4:23
SECRETARY OF STATE
TALLAHASSEE, FL 32399

ARTICLE VI REGISTERED AGENT

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

Name: CP ASSOCIATED SERVICES INC
Address: 515 N FLAGLER DRIVE P-300
WEST PALM BEACH, FL 33401

ARTICLE VII INCORPORATOR

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

Name: CP ASSOCIATED SERVICES INC
Address: 515 N FLAGLER DRIVE P-300
WEST PALM BEACH, FL 33401

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DEPT. OF STATE
TALLAHASSEE, FLORIDA

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

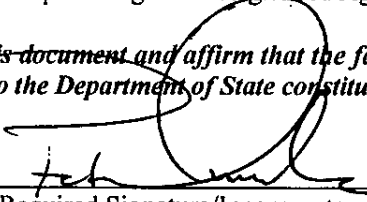


Required Signature/Registered Agent

12/03/2015

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.



Required Signature/Incorporator

12/03/2015

Date