

P16000027578

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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

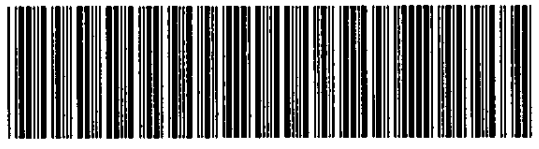
\_\_\_\_\_  
(Business Entity Name)

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

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

Special Instructions to Filing Officer:

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03/02/16--01020--023 \*\*210.00

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TALLAHASSEE, FLORIDA

will 18495

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**COVER LETTER**

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** Perfect Smile Dentistry, 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:

Iveta Akel  
Contact Person

Perfect Smile Dentistry Inc.  
Firm/Company

12300 S. Shore Blvd, suite 208  
Address

Wellington, FL 33414  
City, State and Zip Code

mariane2@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Iveta Akel at ( 954 ) 592 9504  
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:**  
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

March 11, 2016

IVETA AKEL  
12300 S.SHORE BLVD., STE.208  
WELLINGTON, FL 33414

SUBJECT: PERFECT SMILE DENTISTRY, INC.  
Ref. Number: W16000018495

We have received your document for PERFECT SMILE DENTISTRY, INC. and your check(s) totaling \$210.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

The effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Incorporation, if any.

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: 716A00005102

**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:

PERFECT SMILE DENTISTRY, L.L.C.

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 03/13/2002  
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:

N/A

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

PERFECT SMILE DENTISTRY, INC.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: ~~2-26-16~~ 3-22-16 RD  
(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.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Signed this <sup>22nd</sup> ~~29TH~~ day of ~~MAY~~ <sup>March</sup> ~~February~~, 20 <sup>16</sup> ~~15~~.

**Required Signature for Florida Profit Corporation:**

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

Incorporator: 

Printed Name: RASMI AKEL Title: PRESIDENT

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

Signature: 

Printed Name: RASMI AKEL Title: MGRM

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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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: PERFECT SMILE DENTISTRY, INC.

**ARTICLE II    PRINCIPAL OFFICE**

The principal place of business/mailing address is:

Principal street address

Mailing address, if different is:

12300 S. SHORE BLVD, SUITE 208

WELLINGTON, FL 33414

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

'ANY AND ALL LAWFUL BUSINESS'

**ARTICLE IV    SHARES**

The number of shares of stock is: 500 SHARES @ \$1.00 PAR

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

Name and Title: RASMI AKEL, PRESIDENT

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

Address: 12300 S. SHORE BLVD, SUITE 208

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

WELLINGTON, FL 33414

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

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

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

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

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

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

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

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

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TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

Name: RASMI AKEL  
Address: 12300 S. SHORE BLVD., SUITE 208  
WELLINGTON, FL 33414

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

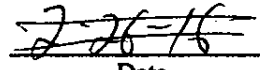
Name: RASMI AKEL  
Address: 12300 S. SHORE BLVD., SUITE 208  
WELLINGTON, FL 33414

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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

 3-22-16  
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

 3-22-16  
Date