

P16000087719

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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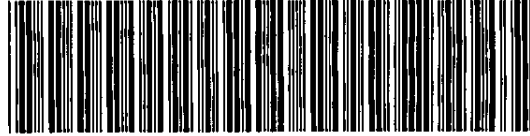
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10:00 AM
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16 OCT 31 PM 4:50

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T. BURCH

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COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: DELMOND DENTISTRY, P.A.

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:

JASON R. KAPLAN, ESQ.

Contact Person

PALM BEACH LAW GROUP, P.A.

Firm/Company

900 OSCEOLA DRIVE, SUITE NO. 107C

Address

WEST PALM BEACH, FL 33409

City, State and Zip Code

STETSONJOE@GMAIL.COM

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

For further information concerning this matter, please call:

JASON R. KAPLAN, ESQ.

at (561) 257-5000

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

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:

DELMOND 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 2/11/15
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:

DELMOND DENTISTRY, 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.

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16 OCT 31 PM 4:50
TALLAHASSEE, FLORIDA

Signed this 27 day of OCTOBER, 2016.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: _____ (SEAL)
Printed Name: DR. JOSEPH DELMOND Title: PRESIDENT

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

Signature: _____

Printed Name: DR. JOSEPH DELMOND Title: 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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FLORIDA SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 OCT 31 PM 4:50

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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: DELMOND DENTISTRY, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

5502 NW 43RD STREET

GAINESVILLE, FL 32653

Mailing address, if different is:

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16 OCT 31 PM 4:50
CLERK OF DISTRICT COURT
NINTH JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ENGAGE IN THE PRACTICE OF DENTISTRY AND PROVIDE SERVICES INCIDENT THERETO, CARRIED OUT

THROUGH OFFICERS AND AGENTS WHO ARE LICENSED IN FLORIDA TO RENDER SERVICES OF

DENTISTRY, AND ALL OTHER ACTIVITIES PERMITTED UNDER APPLICABLE LAW.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOSEPH DELMOND, D.M.D.

Name and Title: _____

Address: 5502 NW 43RD STREET

Address: _____

GAINESVILLE, FL 32653

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: JOSEPH DELMOND, D.M.D.
Address: 5502 NW 43RD STREET
GAINESVILLE, FL 32653

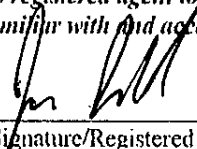
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JOSEPH DELMOND, D.M.D.
Address: 5502 NW 43RD STREET
GAINESVILLE, FL 32653

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16 OCT 31 PM 1:50
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

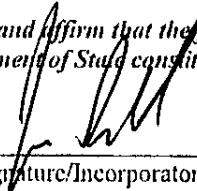


Required Signature/Registered Agent

10/27/16

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

10/27/16

Date