

P18000007167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

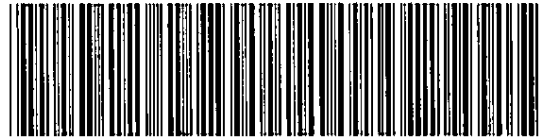
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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T. BURCH

JAN 24 2018

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: PAPPATERRA DENTAL CORP.

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:

Miguel Pappaterra

Contact Person

PAPPATERRA DENTAL CORP.

Firm/Company

7280 SW 163RD AVE.

Address

MIAMI, FL 33193

City, State and Zip Code

mjpappaterra@gmail.com

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

For further information concerning this matter, please call:

Miguel Pappaterra at (786) 287-6477

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:
PAPPATERRA DENTAL CORP.

Enter Name of Other Business Entity

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

on July 7th, 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:

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

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 01/01/2018

(The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

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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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Signed this 17th day of January, 2018.

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: Miguel Pappaterra Title: PRESIDENT

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

Signature: _____

Printed Name: Miguel Pappaterra Title: PRESIDENT

Signature: _____

Printed Name: Zulema Pappaterra Title: SECRETARY

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: PAPPATERRA DENTAL CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

Principal street address

Mailing address, if different is:

7280 SW 163rd Ave.

Miami, FL 33193

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to engage in the Profession of Dentistry and any other lawful activities (other than the banking or trust company business)

not prohibited to a corporation engaging in such profession by applicable laws and regulations.

ARTICLE IV SHARES

The number of shares of stock is: 50,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Miguel Pappaterra: President

Name and Title: Zulema Pappaterra: Secretary

Address: 7280 SW 163rd Ave. Miami, FL 33193

Address: 7280 SW 163rd Ave. Miami, FL 33193

Name and Title: Miguel Pappaterra: Chief Financial Officer

Name and Title: Zulema Pappaterra: Treasurer

Address: 7280 SW 163rd Ave. Miami, FL 33193

Address: 7280 SW 163rd Ave. Miami, FL 33193

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: Miguel Pappaterra
Address: 7280 SW 163rd Ave.
Miami, Fl. 33193

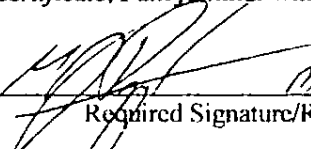
ARTICLE VII INCORPORATOR

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

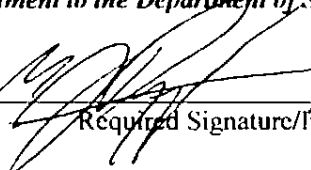
Name: Miguel Pappaterra
Address: 7280 SW 163rd Ave.
Miami, Fl. 33193

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DEPARTMENT OF STATE
TALLAHASSEE, FL 32304

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

 Miguel Pappaterra
Required Signature/Registered Agent
01/17/2018
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.

 Miguel Pappaterra
Required Signature/Incorporator
01/17/2018
Date