

P1800052437

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

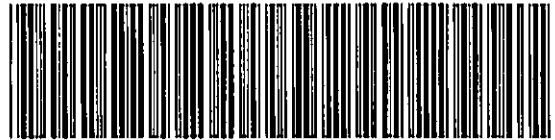
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18 JUN - 8 PM 12:45
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FBI/DOJ

M MOON
JUN 13 2018

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: NU Smile Dental Lab
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:

Antonio Pinero
Contact Person

NU Smile Dental Lab
Firm/Company

401 Commercial Court, Suite F
Address

Venice FL 34292
City, State and Zip Code

info@nu-smile-dental-lab.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Antonio Pinero at (941) 493-8669
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

FILED
18 JUN -8 PM 12:45
TALLAHASSEE, FL

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:

NU-Smile Dental Lab, L.L.C. L10000067367
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 July 1, 2010 Document # L10000067367
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:

Florida (not changed)

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

NU Smile Dental Lab, Inc.
Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 5/10/2018

(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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18 JUN -8 PM 12:45
DEPT. OF STATE
TALLAHASSEE, FLORIDA

Signed this 10th day of May, 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: Antonio Pinero Title: CEO

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

Signature: [Signature]

Printed Name: Antonio Pinero Title: CEO

Signature: [Signature]

Printed Name: Kimberly L. Pinero Title: Managing Partner / COO

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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18 JUN -8 PM 12:45
CLERK OF CIRCUIT COURT
JACKSONVILLE, 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: NU Smile Dental Lab, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address
401 Commercial Court, Suite F
Venice FL 34292

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To Provide the service of fabriccating prosthodontics for
dentists in our area. ie - dentures, partials, crowns, bridges.

ARTICLE IV SHARES

The number of shares of stock is: 50

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Antonio Pinero / CEO

Name and Title: _____

Address: 382 Sunnyside Drive
Venice FL 34293

Address: _____

Name and Title: Kimberly Pinero / COO

Name and Title: _____

Address: 382 Sunnyside Drive
Venice FL 34293.

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

18 JUN -8 PM 12:45
FILED
ST. CLAIR COUNTY, ALA.
CLERK OF THE COURT

ARTICLE VI REGISTERED AGENT

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

Name: Antonio Pinero

Address: 382 Sunnyside Drive
Venice FL 34293.

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Antonio Pinero

Address: 382 Sunnyside Drive
Venice FL 34293

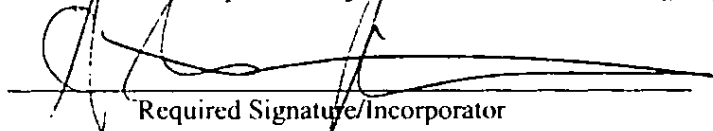
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

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

Date

FILED
18 JUN -8 PM 12:45
TALLAHASSEE, FL
STATE DEPT. OF STATE