

P19000 030 715

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

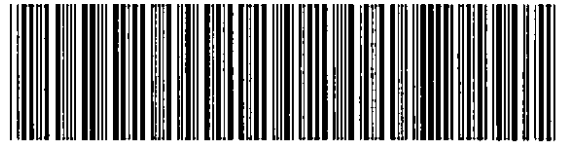
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600324631396

02/28/19--01017--010 **122.50

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19 APR -4 PM 1:54
TALLAHASSEE, FL 32304

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D O'KEEFE

APR 11 2019

W19-24525



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 13, 2019

DR. ANELISSE MARINO, D.M.D.
MARINO FAMILY DENTAL, P.A.
4506 N. UNIVERSITY DR.
LAUDERHILL, FL 33351

SUBJECT: MARINO FAMILY DENTAL, P.A.
Ref. Number: W19000024525

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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We have received your document for MARINO FAMILY DENTAL, P.A. and your check(s) totaling \$122.50. 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.

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.

DANIEL L O'KEEFE
Regulatory Specialist II

Letter Number: 319A00005075

2019 APR 11 PM 1:54

February 22, 2019

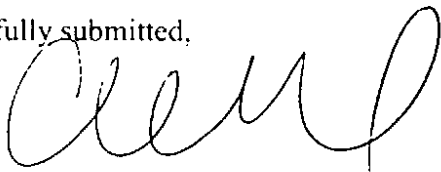
New Filings Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32301

RE: Sunbiz Filing Form CR2E105

Dear Division of Corporations,

Please find enclosed Form CR2E105 to convert Marino Family Dental LLC to Marino Family Dental PA. I file this in my capacity as Member and CEO of Marino Family Dental LLC and incorporator and president of the new corporation Marino Family Dental PA. Also enclosed is the requisite check for \$122.50 for the Filing Fees, Certified Copy, and Certificate of Status. Please feel free to contact me about this filing at the telephone number below.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'Anelisse', written over the closing text.

Dr. Anelisse Marino, D.M.D.
Marino Family Dental LLC
4506 N. University Dr.
Lauderhill, FL 33351
T: (954) 368-7500

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: Marino Family Dental, 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:

Dr. Anelisse Marino, D.M.D.

Contact Person

Marino Family Dental, P.A.

Firm/Company

4506 N. University Dr.

Address

Lauderhill, FL 33351

City, State and Zip Code

anelisse@marinofamilydental.com

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

For further information concerning this matter, please call:

Anelisse Marino

at (954)

368-7500

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input 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 checked="" type="checkbox"/> \$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:

MARINO FAMILY DENTAL 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 06/12/2017
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**:

MARINO FAMILY DENTAL, P.A.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 01/01/2019
(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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Signed this 22nd day of February, 2019.

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: Anelisse Marino, DMD Title: President

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

Signature: _____

Printed Name: Anelisse Marino, DMD Title: CEO

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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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: MARINO FAMILY DENTAL, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address
4506 North University Drive

Lauderhill, FL 33351

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO ENGAGE IN THE PRACTICE OF DENTISTRY AND PROVIDE SERVICES INCIDENT THERETO CARRIED
OUT THROUGH FL LICENSED OFFICERS, EMPLOYEES, AND AGENTS THAT RENDER THE DENTAL
SERVICES AND ALL OTHER PERMITTED ACTIVITIES UNDER APPLICABLE LAW.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Anelisse Marino, President

Address: 4506 North University Drive
Lauderhill, FL 33351

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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JAL:ARASSEE, FL 33301

ARTICLE VI REGISTERED AGENT

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

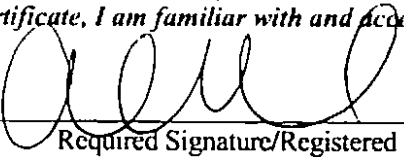
Name: Anelisse Marino
Address: 4506 North University Drive
Lauderhill, FL 33351

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Anelisse Marino
Address: 4506 North University Drive
Lauderhill, FL 33351

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

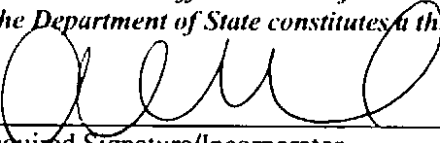


Required Signature/Registered Agent

02/22/2019

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

02/22/2019

Date

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