

P25000009857

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

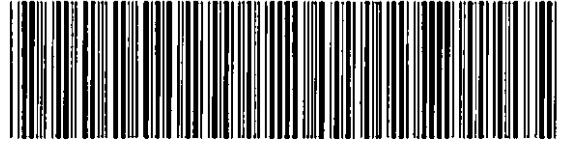
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700428173987

04/24/24--01018--015 **122.50

SEC. OF STATE
TALLAHASSEE, FL
2024 AUG 12 PM 3:10

FILED

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Dental AI Association, LLC

Name of Resulting Florida Profit Corporation

The enclosed Articles of Conversion, Articles of Incorporation, and fees are submitted to convert the following eligible entity into a "Florida Profit Corporation" in accordance with ss. 607.11933 & 607.0202, F.S.

Please return all correspondence concerning this matter to:

Mohammad Reza Khosravi

Contact Person

Dental AI Association, LLC

Firm/Company

200 Rosa L Jones Drive

Address

Cocoa, FL. US. 32922

City, State and Zip Code

emaildr.rezakhosravi@yahoo.com

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

For further information concerning this matter, please call:

Mohammad Reza Khosravi at (404) 4244000

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

Mailing Address:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2024 AUG 12 PM 3:10
FILED
SECRETARY OF STATE
TALLAHASSEE, FL

Articles of Conversion
For
Converting Eligible Entity
Into
Florida Profit Corporation

The Articles of Conversion **and attached Articles of Incorporation** are submitted to convert the following **eligible business entity into a Florida Profit Corporation** in accordance with ss. 607.11933 & 607.0202, Florida Statutes.

1. The name of the Converting Entity immediately prior to the filing of the Articles of Conversion is:

Dental AI Association, LLC

Enter Name of the Converting Entity

2. The converting 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 02/08/2024
Enter date "Converting Entity" was first organized, formed or incorporated.

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

Dental AI Association, Inc.

Enter Name of Florida Profit Corporation

4. This conversion was approved by the eligible converting entity in accordance with this chapter and the laws of its current/organic jurisdiction.

5. If not effective on the date of filing, enter the effective date: _____.

(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.

2024 AUG 12 PM 3:10
SECRET
FLORIDA DEPARTMENT OF STATE
FILED

Signed this 10th day of July, 2024.

Required Signature for Florida Profit Corporation:

Signature of Director, Officer, or, if Directors or Officers have not been selected, an Incorporator:

Kianor Shah

Printed Name: Kianor Shahmohammadi Title: Manager

Required Signature(s) on behalf of Converting Florida partnerships, limited partnerships, and limited liability companies: [See below for required signature(s).]

Signature: *Mohammad Reza Khosravi*

Printed Name: Mohammad Reza Khosravi Title: Manager

Signature: *Zahra Khosravi*

Printed Name: Zahra Khosravi Title: Manager

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:

Articles of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

FILED
2024 AUG 12 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FL

**ARTICLES OF INCORPORATION
FOR RESULTING FLORIDA PROFIT CORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)**

ARTICLE I NAME
The name of the corporation shall be: Dental AI Association, Inc.

ARTICLE II PRINCIPAL OFFICE
The principal place of business/ mailing address is:

Principal street address	Mailing address, if different is:
<u>200 Rosa L Jones Drive, Cocoa FL, US. 32922</u>	_____
_____	_____
_____	_____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
The purpose of the corporation, is to engage in lawful activity for which,
corporations may be incorporated in this state.

ARTICLE IV SHARES
The number of shares of stock is: 1

ARTICLE V OFFICERS AND/OR DIRECTORS

Name and Title: <u>Kianor Shahmohammadi</u>	Name and Title: _____
Address: <u>200 Rosa L Jones Drive</u>	Address: _____
<u>Cocoa, FL. US. 32922</u>	_____

Name and Title: <u>Mohammad Reza Khosravi</u>	Name and Title: _____
Address: <u>590 Sweet Stream Trace</u>	Address: _____
<u>John Creek GA. 30097</u>	_____

Name and Title: <u>Zahra Khosravi</u>	Name and Title: _____
Address: <u>590 Sweet Stream Trace</u>	Address: _____
<u>John Creek GA. 30097</u>	_____

FILED
2024 AUG 12 PM 3:10
SEC. OF STATE
TALLAHASSEE, FL

ARTICLE VI REGISTERED AGENT

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

Name: Leticia Herrera

Address: ROCKET LAWYER CORPORATE SERVICES LLC

155 OFFICE PLAZA DRIVE, 1ST FLOOR

TALLAHASSEE, FL. 32301

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

Kianor Shah

Required Signature/Registered Agent

7/10/2024

Date

2024 AUG 12 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FL

FILED