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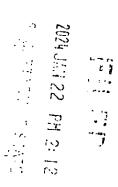
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	-
Special Instructions to Filing Officer:	
Emailed corrections 1122125	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 17, 2024

KAYVON JAVID 200 ROSA L JONES DRIVE COCOA, FL 32922 US

SUBJECT: ACADEMY OF ORAL SURGERY, LLC

Ref. Number: W24000069401

We have received your document for and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

If you have any further questions concerning your document, please call (850) 245-6000.

Letter Number: 624A00020864

Summer Chatham Supervisor New Filings Section

www.sunbiz.org



May 3, 2024

KAYVON JAVID 200 ROSA L JONES DRIVE COCOA, FL 32922 US

SUBJECT: ACADEMY OF ORAL SURGERY, LLC

Ref. Number: W24000069401

We have received your document for ACADEMY OF ORAL SURGERY, LLC and check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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.

Tabitha J Howell Regulatory Specialist II

Letter Number: 924A00009735

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Academy of Oral Surgery, 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:
Kayvon Javid
Contact Person
Academy of Oral Surgery, LLC
Firm/Company
200 Rosa L Jones Drive
Cocoa FL. US 32922 City, State and Zip Code
kmcsaldivar@gmail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kayvon Javid _{at (} 310)5617265
Name of Contact Person Area Code and Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$105.00 Filing Fees and Certificate of Status □ \$113.75 Filing Fees and Certified Copy Certificate of Status □ \$113.75 Filing Fees □ \$1122.50 Filing Fees. Certified Copy, and Certificate of Status
Mailing Address:Street Address:New Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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	s:		
Academy of Oral Surgery, LLC			
Enter Name of the Converting Entity	-		
2. The converting entity is a Limited Liability Company	. A	20	
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)	•	2024 J.T.	£ #
first organized, formed or incorporated under the laws of Nevada (Enter state, or if a non-LIS, entity, the name of the country)		22	
(Enter state, or if a non-U.S. entity, the name of the country) on 12/17/2020	;		- 1
Enter date "Converting Entity" was first organized, formed or incorporated.			
3. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation</u> Academy of Oral Surgery, Inc.	<u>n:</u>		
Enter Name of Florida Profit Corporation			
4. This conversion was approved by the eligible converting entity in accordance with this chapter an current/organic jurisdiction.	d the	laws of	its
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 to Department of State.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the listed as the document's effective date on the Department of State's records.			

Signed this 10th day of July	. 2024		
Required Signature for Florida Profit Corporation			
Signature of Director, Officer, or, if Directors or Officer	·	orator:	
Printed Name: Kayvon Javid Title: Ma	nager		
Required Signature(s) on behalf of Converting Flo	rida partnerships, limited partnersl	hips, and limited liab	ility
Signature: Signature: Shaf			
Printed Name: Kianor Shahmohamma			
Signature:			
		20 图	r,
			- •
Printed Name:	Title:		.]
Signature:			* * *
Printed Name:	Title:	- 60	
Signature:			
Printed Name:	Title:		
Signature:			
Printed Name:	Title:		
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:		
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	y Limited Partnership:		
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.			
All others: Signature of an authorized person.			
Fees: Articles of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)		

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: Academy C	of Oral Surgery, Inc.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	
Principal street address 200 Rosa L Jones Drive, Cocoa, Fl. USA 32922	Mailing address, if different is:
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	
The purpose of the corporation is t	to engage in lawful activity for which
corporations may be incorporate	ed in this state.
	19
ARTICLE IV SHARES The number of shares of stock is: 1000	
ARTICLE V OFFICERS AND/OR DIRECTORS	<u>s</u>
Name and Title: Kayvon Javid	Name and Title: Kianor Shahmohammadi
Address: 200 Rosa L Jones Drive	
Cocoa, FL. US 32922	Cocoa, FL. US 32922
Name and Title:	Name and Title:
Address:	Address:
Name and Title:	Name and Title:
Address:	Address:

The <u>name</u>	and Florida street address (P.O. Box NOT acceptate	ble) of the registered agent is:	
Name:	Kianor Shahmohammadi		
Address:	200 Rosa L Jones Drive		
	Cocoa, FL. US 32922		
******	**********	********	
	en named as registered agent to accept service of pricate, I am familiar with and accept the appointment		
ma cernyi	cure, I am jumique reference accept ine appointment	as regimered again and agree to well in	
		7/10/2024	_
	Required Signature/Registered Agent	Date	

ARTICLE VI REGISTERED AGENT