# P25000009854

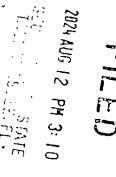
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
· , , , ,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.
Special instructions to 1 ming officer.
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Office Use Only



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### COVER LETTER

Division of Corpo						
SUBJECT: Dental A	Al Associatio	n, LLC			હ	
, , , , , , , , , , , , , , , , , , ,	Name of R	Resulting Florida	Profit Co	poration	,	
The enclosed Articles of C antity into a "Florida Profi	Conversion, Articles of It Corporation" in acco	Incorporation, and and with ss. 6	id fees are 07.11933	submitted to conv & 607.0202, F.S.	ert the following	ng eligible
Please return all correspor	ndence concerning this	matter to:				
Mohammad R	leza Khosrav	<u> </u>			*	
	Contact Person					
Dental Al Asse	ociation, LLC	<u> </u>				
	Firm/Company					
200 Rosa L Jo	ones Drive				•	
	Address					
Cocoa, FL. US	S. 32922					
C	ity, State and Zip Code					
emaildr.rezak	hosravi@yah		tion)		•	
For further information co	oncerning this matter, p	lease call:				
Mohammad R	eza Khosravi	at (404	,4244	1000		
Name of Con			ode and D	Paytime Telephone	Number	
Enclosed is a check for th	ne following amount:				•	
	□\$113.75 Filing Fees and Certificate of Status	□\$113.75 Filin and Certified C	ору С	■\$122.50 Filing Fe Certified Copy, and Certificate of Status	<b>.</b>	
Mailing Address New Filing Sec Division of Cor P.O. Box 6327 Tallahassee, FL	rporations		Division The Cen 2415 N.	ing Section of Corporations are of Tallahasses Monroe Street, S see, FL 32303	Spirite 810 SAIE	

## 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 Al 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 .  (Finer state, or if a round S. enviry, the name of the country)
(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 Al 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 Florid 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.



Signed this 10th day of July	, <sub>20</sub> 24		
Required Signature for Florida Profit Corporation:			
Signature of Director, Officer, or, if Directors or Officer,	s have not been selected, an Incorporator:		
Printed Name: Kianor Shahmohammadi Title: Man	ager		
Required Signature(s) on behalf of Converting Florid companies: [See below for required signature(s).]	la partnerships, limited partnerships, an	d limited liabili	<u>ity</u>
Signature: Mohammad Rosa Khosan			
Printed Name: Mohammad Reza Khosrav	i Title: Manager		
Signature:			
Printed Name: Zahra Khosravi	Title: Manager		
Signature:			
Printed Name:	_ Title:		
Signature:			
Printed Name:			
Signature:			
Printed Name:	_ Title:		
Signature:			
Printed Name:	_ Title:		
If Florida General Partnership or Limited Liability Signature of one General Partner.	Partnership:		
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	Limited Partnership:		
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.		202 554 7.1	
All others: Signature of an authorized person.		2024 AUG 12	77
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)	PH 3: 10	

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

TICLE I NAME

	RINCIPAL OFFICE f business/mailing address is:			
Prir	ncipal street address Cocca FL. US. 32922	- Mailinį	g address, if differ	ent is:
		<del></del>		
urpose for whi	PURPOSE ch the corporation is organized is:			•
	of the corporation, is to		ful activity t	for which,
poration	s may be incorporate	d in this state.		<u></u>
			<del></del>	
				_
		·		
CLEW S	HADES			
CLE IV S.	HARES s of stock is:			
CLE V O	s of stock is:			•
CLE V O	s of stock is:	Name and Title:		•
CLE V O	s of stock is:			•
CLE $V$ Of and Title: $\frac{Ki}{20}$	s of stock is:	Name and Title:		•
and Title: Ki	s of stock is:	Name and Title:		•
and Title: $\frac{CLE \ V}{CC}$ or $\frac{CC}{A}$ and $\frac{CC}{A}$ and $\frac{CC}{A}$	s of stock is:  FFICERS AND/OR DIRECTORS  anor Shahmohammadi  O Rosa L Jones Drive  DCOA, FL. US. 32922  Dhammad Reza Khosravi	Name and Title:		•
and Title: Monand Title: 59	FFICERS AND/OR DIRECTORS anor Shahmohammadi O Rosa L Jones Drive Docoa, FL. US. 32922 Dhammad Reza Khosravi O Sweet Stream Trace	Name and Title:		•
and Title: Monand Title: 59	FFICERS AND/OR DIRECTORS anor Shahmohammadi O Rosa L Jones Drive Dooa, FL. US. 32922 Dhammad Reza Khosravi O Sweet Stream Trace hn Creek GA. 30097	Name and Title:		•
and Title: Monand Title: 420  and Title: 59  and Title: 22	FFICERS AND/OR DIRECTORS anor Shahmohammadi O Rosa L Jones Drive Docoa, FL. US. 32922 Dhammad Reza Khosravi O Sweet Stream Trace	Name and Title:		•

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

1e: Leticia Herrera

ress: ROCKET LAWYER CORPORATE SERVICES LLC

155 OFFICE PLAZA DRIVE, IST FLOOR

TALLAHASSEE, FL. 32301

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

Required Signature/Registered Agent

//10/202

Date

2024 AUG 12 PK 3: 10
SEC. SEC. SEATE