

L19000303073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

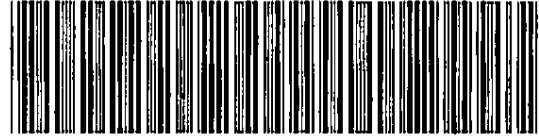
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** GO HEALTHCARE IT CONSULTING, LLC  
(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

WILLIAM HOMSI  
(Contact Person)  
HOMSI LAW, P.A.  
(Firm/Company)  
8815 CONROY-WINDERMERE ROAD, #402  
(Address)  
ORLANDO, FLORIDA 32835  
(City, State and Zip Code)

WILLIAM@HOMSILAW.COM  
E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

WILLIAM HOMSI at ( 407 ) 377-5507  
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

- |   |   |   |  |
|---|---|---|--|
| <input checked="" type="checkbox"/> \$150.00 Filing Fees<br>((\$25 for Conversion<br>& \$125 for Articles<br>of Organization) | <input type="checkbox"/> \$155.00 Filing Fees<br>and Certificate of<br>Status | <input type="checkbox"/> \$180.00 Filing Fees<br>and Certified Copy | <input type="checkbox"/> \$185.00 Filing Fees,<br>Certified Copy, and<br>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

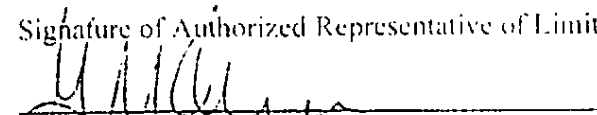
ARTICLES OF CONVERSION  
FOR  
FLORIDA PROFIT CORPORATION  
INTO  
FLORIDA LIMITED LIABILITY COMPANY

The Articles of Conversion and attached Articles of Organization are submitted to convert the following Florida Profit Corporation into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

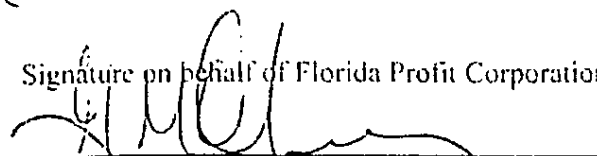
1. The name of the Florida Profit Corporation immediately prior to the filing of the Articles of Conversion is **GO - HEALTHCARE IT CONSULTING, INC.**
2. **GO - HEALTHCARE IT CONSULTING, INC.**, is a Florida Profit Corporation. First organized, formed, or incorporated under the laws of the State of Florida on September 12, 2019. (PIA-70008)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  
  
**GO HEALTHCARE IT CONSULTING, LLC**
4. The Articles of Conversion shall be effective immediately upon approval of the Secretary of State of the State of Florida.
5. The plan of conversion has been approved in accordance with all applicable statutes.
6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 19 day of ~~October~~, 2019. <sup>90</sup>  
*November*

Signature of Authorized Representative of Limited Liability Company:

  
Gina Oliver - Operating Manager

Signature on behalf of Florida Profit Corporation:

  
Gina Oliver, President

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TALLAHASSEE, FL

**ARTICLES OF ORGANIZATION  
FOR  
GO HEALTHCARE IT CONSULTING, LLC**

**ARTICLE I**

The name of the Limited Liability Company is:  
GO HEALTHCARE IT CONSULTING, LLC

**ARTICLE II**

The street address of the principal office of the Limited Liability Company is:  
10410 SOUTH OCEAN DRIVE, SUITE 907  
JENSEN BEACH, FLORIDA 34957

The mailing address of the Limited Liability Company is:  
10410 SOUTH OCEAN DRIVE, SUITE 907  
JENSEN BEACH, FLORIDA 34957

**ARTICLE III**

The purpose for which this Limited Liability Company is organized is:  
ANY AND ALL LAWFUL BUSINESS PURPOSE.

**ARTICLE IV**

The Articles of Organization shall be effective immediately when filed with the Secretary of State of Florida.

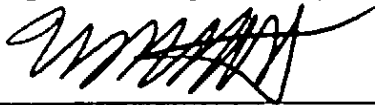
ARTICLE V

The name and Florida street address of the registered agent is:

HOMSI LAW, P.A.  
8815 CONROY-WINDERMERE ROAD  
#402  
ORLANDO, FLORIDA 32835

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature of Registered Agent:

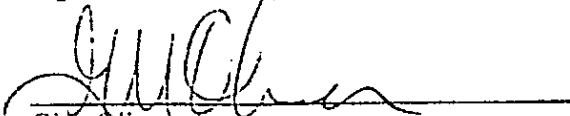


William M. Homsi, President

The name and address of persons(s) authorized to manage the LLC:

Operating Manager: Gina Oliver  
Secretary: Gina Oliver

Signature of an Authorized Representative of the Member:



Gina Oliver

I am an authorized representative of the members submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1<sup>st</sup> and May 1<sup>st</sup> in the calendar year following formation of the LLC and every year thereafter to maintain active status.

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TALLAHASSEE, FL

**H**  
HOMSI LAW, P.A.

Mailing Address  
8815 Conroy-Windermere Road, #402  
Orlando, Florida 32835  
(407) 377-5507  
www.Homsilaw.com