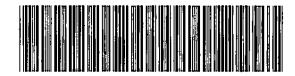


(R	equestor's Name)		
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PICK-UP	☐ WAIT	MAIL	
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COVER LETTER 3

TO: New Filing Section Division of Corporations		·	
SUBJECT: GO HEALTHCARE IT C	ONSULTING, LLC		
	Resulting Florida Limited Cor	npany)	
The enclosed Articles of Conversion, Ar Business Entity [®] into a "Florida Limited		nd fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.	
Please return all correspondence concert	ning this matter to:		
WILLIAM HOMSI			
(Contact Person)			
HOMSI LAW, P.A. (Firm/Company)			
, ,			
8815 CONROY-WINDERMERE RO (Address)	DAD, #402		
ORLANDO, FLORIDA 32835 (City, State and Zip Code	<u></u>		
WILLIAM@HOMSILAW.COM	• /		
E-mail Address: (to be used for future annua	(report notifications)		
For further information concerning this (natter, please call:		
WILLIAM HOMSI	at (_407)37	7-5507	
(Name of Contact Person)		vtime Telephone Number)	
Enclosed is a check for the following air dollars and drawn on a bank located in the		sed by this office must be payable in US	
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\square\$	s S180.00 Filing Fees and Certified Copy	□\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
Mailing Address:	Stree	<u>t</u> Address:	
New Filing Section		New Filing Section	
Division of Corporations D		Division of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

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. (PIC)
- 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. 30 Nivember

Signature of Authorized Representative of Limited Liability Company:

Gina Oliver-Operating Manager

Signature pn penalt of Florida Profit Corporation:

Giná Oliver, President

2019 NOV 25 AM 9: 53
SECRETARY OF STATE
TAIL AHASSEF, FI

ARTICLES OF ORGANIZATION FOR GO HEALTHCARE IT CONSULTING, ELC

ARTICLE 1

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.



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



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:

Giña 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 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain active status.

HOMSI LAW, P.A.

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