

P14000038292

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

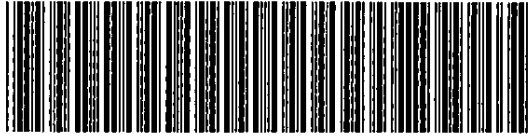
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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**Purpose: To Change Go Doctor Bid, LLC to Go Doctor Bid
Corporation (C-Corporation)**

GoDoctorBid, LLC

**Neal Henegar
709 Alcazar Ave
Ormond Beach, Fl. 32174
386-334-3688**

**To :New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314**

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: Go Doctor Bid, LLC
Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

Neal Henegar
Contact Person

Go Doctor Bid, LLC
Firm/Company

601 Innovation Way
Address

Daytona Beach, FL 32114
City, State and Zip Code

Neal @ GoDrBid.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Neal Henegar at (386) 334-3688
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

STREET ADDRESS:
New Filings Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
New Filings Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Profit Corporation

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This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following **"Other Business Entity"** into a **Florida Profit Corporation** in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

Go Doctor Bid, LLC 43000078620

Enter Name of Other Business Entity

2. The "Other Business 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 May, 30th 2013.
Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

Was not changed

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

Go Doctor Bid

Enter Name of Florida Profit Corporation

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

(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

Signed this 26th day of April, 2014.

Required Signature for Florida Profit Corporation:

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

Printed Name: Neal Henegar Title: Managing Member

Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: Neal Henegar
Printed Name: Neal Henegar Title: President

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

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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:

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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ARTICLE I NAME

The name of the corporation shall be:

Go Doctor Bid Corporation

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

Principal street address
601 Innovation Way
Daytona Beach, Fl. 32114

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Software Technology Development.

ARTICLE IV SHARES

The number of shares of stock is:

10,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Neal Henegar (CEO)

Address: 709 Alcazar Ave.
Ormond Beach, Fl. 32174

Name and Title: Nancy Burt (COO) Chief Operating Officer

Address: 1728 John Anderson Drive
Ormond Beach, Fl. 32176

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title: Chris Korsen (CIO) Chief Information Officer

Address: 105 Shepard Trail
Longwood, Fl. 32750

ARTICLE VI REGISTERED AGENT

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

Name: Neal Henegar

Address: 601 Innovation Way
Daytona Beach, Fl. 32114


ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Neal Henegar
Address: 709 Alcazar Ave
Ormond Beach, Fl. 32174

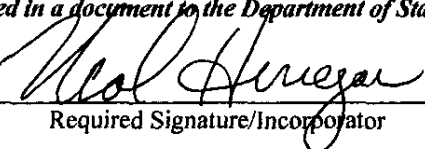
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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

04-26-14
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.


Required Signature/Incorporator

04-26-14
Date