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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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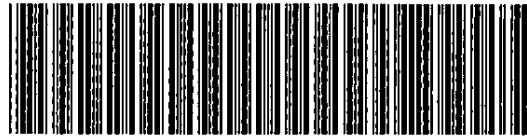
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2014 APR 30 AM 1:50

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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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DIVISION OF CORPORATIONS  
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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:

43000078620

Go Doctor Bid, LLC  
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: \_\_\_\_\_

**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)

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ARTICLES OF INCORPORATION

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

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2011 APR 18 AM 1:58

**ARTICLE I NAME**

The name of the corporation shall be:

Go Doctor Bid Corporation

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling 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)

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

Chief  
Operating  
Officer

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Chris Kerson (CIO) Chief Information  
officer  
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:

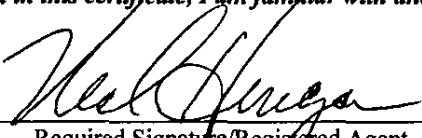
Name: Neal Henegar  
Address: 709 Alcazar Ave  
Ormond Beach, Fl. 32174

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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