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(Business Entity Name)

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21 JUL 12 PM 12:43  
TALLAHASSEE, FL 32304

D O'KEEFE  
AUG 11 2021

W21-94339



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 30, 2021

LISA M. GABLE  
ROBERTSON & GABLE, LLC  
5875 PEACHTREE INDUSTRIAL BLVD., STE. 17  
PEACHTREE CORNERS, GA 30092

SUBJECT: AFFINITY HEALTH BENEFITS, INC.  
Ref. Number: W21000094339

We have received your document for AFFINITY HEALTH BENEFITS, INC. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the marked section in the Articles of Conversion. A signature is missing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE  
Regulatory Specialist II

Letter Number: 121A00014995

21 JUL 12 PM 12:43  
TALLAHASSEE, FLORIDA

2021 JUL 12 AM 4:02

**COVER LETTER**

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

**SUBJECT:** AFFINITY HEALTH BENEFITS, INC.

Name of Resulting Florida Profit Corporation

The enclosed Articles of Conversion, Articles of Incorporation, and fees are submitted to convert the following eligible entity into a "Florida Profit Corporation" in accordance with ss. 607.11933 & 607.0202, F.S.

Please return all correspondence concerning this matter to:

Lisa M. Gable, Attorney at Law

Contact Person

Robertson & Gable, LLC

Firm/Company

5875 Peachtree Industrial Blvd., Suite 170

Address

Peachtree Corners, GA 30092

City, State and Zip Code

info@rglegal.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marta Tokaji, Paralegal at ( 770 ) 736-5182

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    ☐ \$113.75 Filing Fees    ☐ \$122.50 Filing Fees,  
and Certificate of                      and Certified Copy                      Certified Copy, and  
Status    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  
**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:

**AFFINITY HEALTH BENEFITS, INC.**

Enter Name of the Converting Entity

2. The converting entity is a **Corporation**

(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 **Georgia**

(Enter state, or if a non-U.S. entity, the name of the country)

on **9/14/2004**

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**:

**AFFINITY HEALTH BENEFITS, 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 Florida 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.

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Signed this 2nd day of June, 2021.

**Required Signature for Florida Profit Corporation:**

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

David H. Smith X

Printed Name: David H. Smith Title: President

**Required Signature(s) on behalf of Converting Florida partnerships, limited partnerships, and limited liability companies:** [See below for required signature(s).]

Signature: David H. Smith

Printed Name: DAVID H. SMITH 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:**

Articles 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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TALLAHASSEE, FLORIDA

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

**ARTICLE I    NAME**

The name of the corporation shall be: AFFINITY HEALTH BENEFITS, INC.

**ARTICLE II    PRINCIPAL OFFICE**

The principal place of business/mailing address is:

Principal street address

Mailing address, if different is:

1156 Troon Drive N

Miramar Beach, FL 32550

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

Any legal purpose.

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**ARTICLE IV    SHARES**

The number of shares of stock is: 10,000

**ARTICLE V    OFFICERS AND/OR DIRECTORS**

Name and Title: David H. Smith, President

Address: 1156 Troon Drive N  
Miramar Beach, FL 32550

Name and Title: David H. Smith, Treasurer

Address: 1156 Troon Drive N  
Miramar Beach, FL 32550

Name and Title: David H. Smith, Secretary

Address: 1156 Troon Drive N  
Miramar Beach, FL 32550

Name and Title: David H. Smith, Director

Address: 1156 Troon Drive N  
Miramar Beach, FL 32550

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: David H. Smith  
Address: 1156 Troon Drive N  
Miramar Beach, FL 32550

.....  
*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

6/2/21  
Date

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