

P23000012580

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

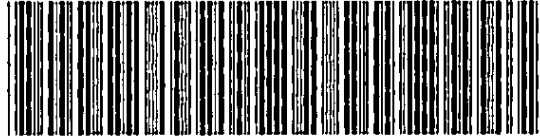
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T. SCOTT

FEB 17 2023



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NOV 14 2022

11/15/22--01004--025- **60.00

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2023 FEB 16 PM 8:10
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 25, 2023

KELLY D. HOGAN
30 SE 13 ST APT B3
BOCA RATON, FL 33432

SUBJECT: SURGINURSE INC
Ref. Number: W22000146052

We have received your document for SURGINURSE 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 correct application

Please return the corrected original and one copy of 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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 123A00001845

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT:

Surginurse, 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

Kelly Hogan
Contact Person

Surginurse Inc
Firm/Company

30 SE 13 St APT B3
Address

Boca Raton FL 33432
City, State and Zip Code

Kelly.hogan@gmail.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call

Kelly Hogan at 954 652-9725
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

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:

Surginurse

Enter Name of the Converting Entity

2. The converting entity is a Surginurse LLC
(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 Oct 28, 2022
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:

Surginurse, 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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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Signed this 1 day of JANUARY, 2023.

Required Signature for Florida Profit Corporation:

Signature of Director, Officer, or, if Directors or Officers have not been selected, an incorporator.

Kelly Hogan

Printed Name Kelly Hogan Title President

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

Signature Kelly Hogan

Printed Name Kelly Hogan 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)

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: Surginurse, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address
30 SE 13 St. # B3
Boca Raton, FL 33432

Mailing address, if different is:
9152 Fermi Ave
San Diego, CA 92123

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Health care, wellness and operating room
nursing information and care.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V OFFICERS AND/OR DIRECTORS

Name and Title: Kelly Hogan President

Address: 30 SE 13 St. Apt B3
Boca Raton, FL 33432

Name and Title: _____

Address: _____

Name and Title: Shane Lewis, Officer

Address: 30 SE 13 St Apt B3
Boca Raton, FL 33432

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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CLERK OF THE COURT
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: Kelly Hogan
Address: 30 SE 13 St Apt B3
Boca Raton, FL 33432

.....
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:

Kelly Hogan
Required Signature/Registered Agent

Date