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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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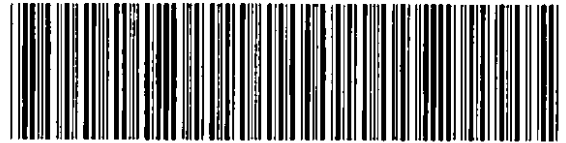
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/29/24--01016--005 **113.75

2024 AUG 29 PM 3:07



Toll-Free: 1.888.449.2638

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August 27, 2024

Registration Section
Division of Corporations
2415 N. Monroe St., Suite 810
Tallahassee, FL 32303

RE: By Angi Inc.

To whom it may concern:

The Enclosed Articles of Conversion and Fee(s) are submitted for filing.
Also, please find enclosed a check for state filing fees in the amount of **\$113.75**
made payable to the FL Dept of State. For information to this filing at the
undersigned.

Thank you in advance and please return all correspondence in regards to this
filing using the pre addresses stamped envelope included.

Sincerely,

Amanda J. Beren, Document Processor
CorpNet™, Incorporated
888-449-2638 Ext. 105
filings@corpnet.com



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:

By Angi Inc.

Enter Name of the Converting Entity

2. The converting entity is a Profit 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 10/26/2020

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:**

By Angi 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.

2021 AUG 29 PM 3:07

Signed this 15th day of August, 20 24.

Required Signature for Florida Profit Corporation:

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

Angela Hankins

Printed Name: Angela Hankins Title: President

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

Signature: Angela Hankins

Printed Name: Angela Hankins 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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**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: By Angi Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

2221 Northwest 19th Avenue

Gainesville, FL 32605

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Contracted Anesthesia Provider

ARTICLE IV SHARES

The number of shares of stock is: 1500

ARTICLE V OFFICERS AND/OR DIRECTORS

Name and Title: Angela Hankins - PSTD

Address: 2221 Northwest 19th Avenue

Gainesville, FL 32605

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Registered Agents Inc
Address: 7901 4th St. N., Suite 300
St. Petersburg, FL 33702

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Angela Hankins
Address: 2221 Northwest 19th Avenue
Gainesville, FL 32605

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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.

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

David Roberts

Required Signature/Registered Agent

8/22/2024

Date

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

Angela Hankins

Required Signature/Incorporator

Date

8/27/24

2024/08/20 PM 3:07

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

By Angi Inc.
a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 27844397
Date Inc/Auth/Filed: 10/26/2020
Jurisdiction : Georgia
Print Date : 08/27/2024
Form Number : 211



Brad Raffensperger

Brad Raffensperger
Secretary of State