P15000033625

(Requestor's Name)		
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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W15-22439

COVER LETTER

s.

TO: Charter Section Division of C			
	WEELY \$AL	E, INC.	
SCHOLECT.		g Florida Profit Corporatio	n
		-	and fees are submitted to tion" in accordance with s
Please return all corre	espondence concerning	g this matter to:	
LAUREN BA	GGERSON		
	Contact Person		
SPEEDWAY E	BOOKKEEPING Firm/Company	SERVICE	
1575 AVIAT	ON CTR PK	NY #507	
	BEACH, FL 3	2114	
	OKKEEPING@Y		
	on concerning this mat	iter, please call:	8-8789
Name of Con		_at ()	me Telephone Number
	or the following amou	·	
■ \$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 Corporate Clifton Building		MAILING A New Filings S Division of C P. O. Box 633	Section Corporations

Tallahassee, FL 32314

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



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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 31, 2015

LAUREN BAGGERSON 1575 AVIATION CTR PKWY #507 DAYTONA BEACH, FL 32114

SUBJECT: OUR WEEKLY \$ALE, INC.

Ref. Number: W15000022439

We have received your document for OUR WEEKLY \$ALE, 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):

The effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Incorporation, if any.

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.

Jessica A Fason Regulatory Specialist II

Letter Number: 415A00006424

Certificate of Conversion For "Other Business Entity"

Into

Florida Profit Corporation

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

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:
OUR WEEKLY SALE LLC LA000129656
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
(T) 10 Y 0 1 1 0 1 1 0 1 1 1 1 1 1 1 1 1 1
on 08/19/2014 (Enter state, or if a non-U.S. entity, the name of the country)
Enter date "Other Rusiness 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:
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation</u> :
OUR WEEKLY \$ALE, INC.
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; <u>AND</u> 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 24TH day of MARCH	, 20 <u>15</u> .
Required Signature for Florida Profit Corpora	tion:
Signature of Chairman, Vice Chairman, Director, been selected, an Incorporator: Printed Name: RENEE JENNIGES Title:	(lenning)
Required Signature(s) on behalf of Other Busines	s Entity: [See below for required
signature(s).]	
Signature: RENEE JENNIGES Printed Name: RENEE JENNIGES	Title: AMBR
Signature: Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Tido
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	y Limited Partnership:
If Florida Limited Liability Company: Signature of a Member or Authorized Representative	
All others: Signature of an authorized person.	
Fees: Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)

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

The name	of the corporation shall be: OUR WEEKL	Y \$ALE, IN	NC.
ARTICL. The princi	E II PRINCIPAL OFFICE pal place of business/mailing address is:		
35 CORMOR	Principal street address		Mailing address, if different is:
DAYTONA B	EACH, FL 32119		
	E III PURPOSE use for which the corporation is organized is: UD ALL LEGAL BUSINESS		
ARTICLI The numbe	er of shares of stock is:	RECTORS	
Name and	RENEE JENNIGES PRESIDENT	Name and Title	RACHEL J. JENNIGES, DIRECTOR
Address:	35 CORMORANT CIRCLE	Address:	35 CORMORANT CIRCLE
	DAYTONA BEACH, FL 32119		DAYTONA BEACH, FL 32119
Name and	DOUGLAS MICKLESON, VICE PRESIDENT	Name and Title	JESSICA J. JENNIGES, DIRECTOR
Address:	35 CORMORANT CIRCLE	Address:	35 CORMORANT CIRCLE
	DAYTONA BEACH, FL 32119		DAYTONA BEACH, FL 32119
Name and	Title RYAN A. JENNIGES, DIRECTOR	Name and Title	ANTHONY J. JENNIGES, DIRECTOR
Address:	3172 N JOG RD, APT 8304	Address:	35 CORMORANT CIRCLE
ridaress.	WEST PALM BEACH, FL 33411	Address.	DAYTONA BEACH, FL 32119
<i>ARTICLE</i> The <u>name</u> Name:	E VI REGISTERED AGENT and Florida street address (P.O. Box NOT acce	ptable) of the regis	stered agent is:
Address:	35 CORMORANT CIRCLE		
	DAYTONA BEACH, FL 32119		

Name:	RENEE JENNIGES	
Address:	35 CORMORANT CIRCLE	
	DAYTONA BEACH, FL 32119	
********** Having bee designated capacity	in this certificate, I am familiar with and a	**************************************
	Required Signature/Registered Agent	Date
		ated herein are true. I am aware that any false information institutes a third degree felony as provided for in s.817.155, F.S.
Ren	on Amninos	3/24/15
- V- C-	Required Signature/Incorporator	Date

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:

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