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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

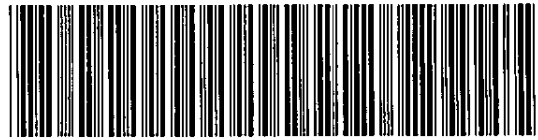
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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M. MOON  
NOV 15 2016

**COVER LETTER**

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** JER2911 Holdings, Inc.

\_\_\_\_\_  
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:

Jon-Michael Whiteman

\_\_\_\_\_  
Contact Person

Benetrends Financial

\_\_\_\_\_  
Firm/Company

1180 Welsh Road Suite 280

\_\_\_\_\_  
Address

North Wales, PA 19454

\_\_\_\_\_  
City, State and Zip Code

jonmichaelwhiteman@benetrends.com

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

For further information concerning this matter, please call:

Jon-Michael Whiteman

at ( 267 ) 498-0063

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> \$105.00 Filing Fees | <input type="checkbox"/> \$113.75 Filing Fees<br>and Certificate of<br>Status | <input type="checkbox"/> \$113.75 Filing Fees<br>and Certified Copy | <input checked="" type="checkbox"/> \$122.50 Filing Fees,<br>Certified Copy, and<br>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

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SECRETARY OF STATE  
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**Certificate of Conversion**

For

**"Other Business Entity"**

Into

**Florida Profit Corporation**

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:

JER2911 Holdings, LLC

216-130677

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 July 11, 2016

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:

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:

JER2911 Holdings, 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; **AND** 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

**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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DEPT. OF STATE  
CORPORATION  
DIVISION

Signed this 2nd day of November, 2016.

**Required Signature for Florida Profit Corporation:**

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

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Required Signature(s) on behalf of Other Business Entity:** [See below for required signature(s).]

Signature: Dawn K Smith

Printed Name: Dawn K. Smith Title: Member

Signature: Roger W. Smith

Printed Name: Roger W. Smith Title: Member

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)

### **ARTICLE I NAME**

The name of the corporation shall be: JER2911 Holdings, Inc.

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

Principal street address

5255 S Atlantic Ave #1402

New Smyrna Beach, FL 32169

Mailing address, if different is:

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any and all lawful business

### **ARTICLE IV SHARES**

The number of shares of stock is: 10,000,000

### **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Dawn Kristine Smith, President

Address: 5255 S Atlantic Ave #1402

New Smyrna Beach, FL 32169

Name and Title: Roger W. Smith, Vice-President

Address: 5255 S Atlantic Ave #1402

New Smyrna Beach, FL 32169

Name and Title: Dawn Kristine Smith, Secretary

Address: 5255 S Atlantic Ave #1402

New Smyrna Beach, FL 32169

Name and Title: Dawn Kristine Smith, Treasurer

Address: 5255 S Atlantic Ave #1402

New Smyrna Beach, FL 32169

Name and Title:

Address:

Name and Title:

Address:

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

Name: Dawn Kristine Smith  
Address: 5255 S Atlantic Ave #1402  
New Smyrna Beach, FL 32169

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Jon-Michael Whiteman  
Address: 1180 Welsh Road Suite 280  
North Wales, PA 19454

\*\*\*\*\*

*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*

Dawn Kristina Smith  
Required Signature/Registered Agent

11.2.16  
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.*

J.M. Whit  
Required Signature/Incorporator

11/2/16  
Date

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STATE  
DEPT  
CORPORATION