P18000030976

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Dx	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
<u> </u>		

Office Use Only



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SECRETARY OF BLATE

APR 0 5 2018

K. Brumbley

COVER LETTER

TO:	Charter Section Division of Cor					
SHRI	ECT: CaseLiquid	ators.com				
3010	LC1	Name of	Resulting Flo	orida Profit	Corporation	
		e of Conversion, Articles Profit Corporation" in ac	•		ees are submitted to convert an `15, F.S.'	Other Business
Please	e return all corresp	ondence concerning this	s matter to:			
Jean-C	Claude Avenel					
		Contact Person				
CaseL	iquidators.com					
		Firm/Company				
80 Ath	nens Dr.					
		Address				
Saint /	Augustine, FL. 320) 2				
		City, State and Zip Code	e			
-	cl1946@gmail.con					
	E-mail address: (t	o be used for future annu	ial report not	tification)		
For fu	rther information	concerning this matter,	please call:			
Jean-C	Claude Avenel		916 at (751-96	042	
	Name of Co	ontact Person	Ar	ea Code and	l Daytime Telephone Number	
Enclo	sed is a check for	the following amount:				
= \$10	05.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status	□\$113.75 and Certifie	_	■\$122.50 Filing Fees. Certified Copy, and Certificate of Status	
New I Divisi Clitto	ET ADDRESS: Filings Section ion of Corporation in Building Executive Center			New F Division P. O. E	ING ADDRESS: illings Section on of Corporations Box 6327 assee, FL 32314	

Tallahassee, FL 32301

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.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Cor	ı <u>ve</u> rsio	n is:	
CaseLiquidators.com	¥LL β3S	2018 MAR	
Enter Name of Other Business Entity		MA	-17
2. The "Other Business Entity" is a Corporation	15.5k	30	
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)	EE, FLORIDA	T.	
first organized, formed or incorporated under the laws of	11780 31773	8: 27	**************************************
(Enter state, or if a non-U.S. entity, the name of the country)	12	-1	
Feb 5, 1992 on .			
Enter date "Other Business Entity" was first organized, formed or incorporated	d		
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the law organized, formed or incorporated:	s of wh	ich it is	s now
Florida			
4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation	<u>n:</u>		
CaseLiquidators.com In(
Enter Name of Florida Profit Corporation			
5. If not effective on the date of filing, enter the effective date: April 1, 2018			
(The effective date: Cannot be prior to nor more than 90 days after the date this document is	filed by	y the F	lorida
Department of State.) Note: If the data inverted in this block does not meet the applicable statutors filing requirements the	io dota		u ba
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the listed as the document's effective date on the Department of State's records.	is date	wiii no	ı be

Signed	this 27th day of March	, 20	
	red Signature for Florida Profit Corporation		
Signatu Incorpo	ure of Chairman, Vice Chairman, Director, Officerator: Name: Jean-Claude AvemelTitle: President	Zer, or, if Directors or Officers have not bee	n selected, an
Reguir	red Signature(s) on behalf of Other Business	Entity: [See below for required signature(s	s).]
Signatu	to: 10g. Gad Fral	Precident	-
Printed	Jean-Claude Avenel	Title:	•
Signatu	ıre:		
Printed	Name:	Title:	
Signatu	ıre:		
Printed	Name:	Title:	-
Signatu	ıre:		-
Printed	Name:	Title:	
Signatı	ure:		
Printed	Name:	Title:	
Signatu	ıre:	 	
Printed	Name:	Title:	
<mark>If Flor</mark> Signatu	ida General Partnership or Limited Liability are of one General Partner.	y Partnership:	
	ida Limited Partnership or Limited Liability ires of <u>ALL</u> General Partners.	y Limited Partnership:	
<mark>lf Flor</mark> Signatu	ida Limited Liability Company: are of a Member or Authorized Representative.		
All oth Signatu	ers: are 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)

ARTICLE I NAME CaseLiquidators.	.com IaC
The name of the corporation shall be:	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	
The principal place of business/maining address is.	
Principal street address 80 Athens Dr.	Mailing address, if different is:
Saint Augustine, FL. 32092	-
ARTICLE III PURPOSE The purpose for which the corporation is organized The purpose of the Corporation is to engage in any lawful	is: all act or activity for which a corporation may be organized
under the General Corporation Law of Florida other than	
under the General Corporation Law of Florida other than	the banking business, the trust company business, or the
practice of a profession permitted to be incorporated by t	he Florida Corporations Code.
ARTICLE IV SHARES 20,000	
The number of shares of stock is: 20,000	
ARTICLE V INITIAL OFFICERS AND/OR	DIRECTORS
Name and Title: Jean-Caude Avenel, President	
80 Athens Dr.	Name and Title:
Address:	Address:
Saint Augustine, FL 32092	
Name and Title:	Name and Title:
Name and Title:	
Address:	Address:

n <u>ame</u>	and Florida street address (P.O. Box NOT accept	able) of the registered agent is:	
e:	Jean-Claaude Avenel		
ress:	80 Athens Dr.		
	Saint Augustine, FL 32092		
	E VII INCORPORATOR		
•	and address of the Incorporator is: Jean-Claude Avenel		
ie: S ress:	Athens Dr.		
CSS.	Saint Augustine, FL 32902		

		process for the above stated corporation at the place d	esign
		process for the above stated corporation at the place d at as registered agent and agree to act in this capacity	esign
			esign
		nt as registered agent and agree to act in this capacity	esign
certifi Somit t	Required Signature/Registered Agent	Mach 27, 2018 Date In are true. I am aware that any false information su	
certifi Somit t	Required Signature/Registered Agent his document and affirm that the facts stated herei	Mach 27, 2018 Date In are true. I am aware that any false information su	