

P19000032786

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

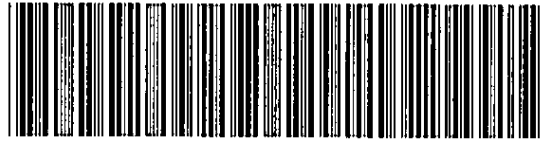
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600327230946

04/10/19--01024--031 +*105.00

FILED
19 APR 10 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: WOMAZE, 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:

Steven Berkeley, Esq.

Contact Person

Berekely Law Firm, P.A.

Firm/Company

7396 Carrick Terrace

Address

Boca Raton, Florida 33433

City, State and Zip Code

sberkeley@berkeleylf.com

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

For further information concerning this matter, please call:

Steven Berkeley, Esq.

at (561) 756-5930

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

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

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:

A LITTLE WISER, LLC

617-73904

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 April 3, 2017

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**:

WOMAZE, INC.

Enter Name of Florida Profit Corporation

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.

FILED
19 APR 10 PM 2:18
DEPARTMENT OF STATE
ALL ADDRESSES, FLORIDA

Signed this 24 day of March, 2019.

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: Corin Wiser Title: President

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

Signature: _____

Printed Name: Corin Wiser Title: Member

Signature: _____

Printed Name: DOLGOW CONSULTING LLC RO HOWARD DOLGOW 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:

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

FILED
19 APR 10 PM 2:16
CLERK OF STATE
TALLAHASSEE, FLORIDA

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: WOMAZE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

6782 Via Regina

P.O. Box 880782

Boca Raton, Florida 33433

Boca Raton Florida 33488-0782

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to develop applications, programming, content and other services connected with the empowerment and independence of
women and engage in any other activities that may be directly or indirectly related or incidental thereto.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Corin Wiser, President

Name and Title: Leah Wiser, Vice President

Address: 6782 Via Regina

Address: 6782 Via Regina

Boca Raton, Florida 33433

Boca Raton, Florida 33433

Name and Title: Rebecca Wiser, Treasurer

Name and Title: Hannah Wiser, Secretary

Address: 6782 Via Regina

Address: 6782 Via Regina

Boca Raton, Florida 33433

Boca Raton, Florida 33433

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

FILED
19 APR 10 PM 2:16
CLERK OF DISTRICT COURT
MIAMI, FLORIDA

ARTICLE VI REGISTERED AGENT

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

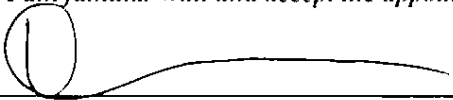
Name: Corin Wiser
Address: 6782 Via Regina
Boca Raton, Florida 33433

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

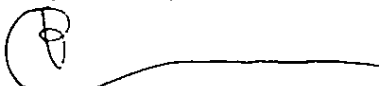
Name: Corin Wiser
Address: 6782 Via Regina
Boca Raton, Florida 33433

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


Required Signature/Registered Agent

3/24/19
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.


Required Signature/Incorporator

3/24/19
Date

FILED
19 APR 10 PM 2:18
DEPT OF STATE
TALLAHASSEE, FLORIDA