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(City/State/Zip/Phone #)

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T. CLINE

AUG 27 2010

EXAMINER

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SECRETARY OF REVENUE  
TALLAHASSEE, FLORIDA

FILED

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TOUCHSCREENS OF TAMPA BAY

Name of Florida Partnership

The enclosed Certificate of Conversion and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Robert Hoeffner

Contact Person

Touchscreen of Tampa Bay

Firm/Company

10016 Skyview Way #706

Address

Fort Myers, FL 33913

City, State and Zip Code

Bob@TouchscreensTB.com

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

For further information concerning this matter, please call:

Robert Hoeffner

Name of Contact Person

at ( 239 )

289-3367

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$33.75 Filing Fee  
and Certificate of  
Status

☐ \$77.50 Filing Fee  
and Certified Copy

☐ \$86.25 Filing Fee,  
Certified Copy, and  
Certificate of Status

**STREET ADDRESS:**

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

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

2010 AUG 26 PM 11:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**Certificate of Conversion**

For

**Florida Partnership**

Into

**"Other Organization"**

This Certificate of Conversion is submitted to convert the following **Florida Partnership** into an **"Other Organization"** in accordance with s. 620.8914, Florida Statutes.

1. The name of the Florida Partnership converting into the "Other Organization" is:

TOUCHSCREENS OF TAMPA BAY *GP 08 4684*

Enter Name of Florida Partnership

2. The name of the "Other Organization" is:

Touchscreen of Tampa Bay, Inc.

Enter Name of "Other Organization"

3. The "Other Organization" is a Corporation

(Enter entity type. Example: corporation, limited liability company, limited partnership, common law or business trust, etc.)

organized, formed or incorporated under the laws of Florida

(Enter state, or if a non-U.S. entity, the name of the country)

4. The above referenced Florida Partnership has converted into an "Other Organization" in compliance with Chapter 620, F.S., and the conversion complies with the applicable laws governing the "Other Organization."

5. The plan of conversion was approved by the converting Florida Partnership in accordance with Chapter 620, F.S., and as required by the governing law of the "Other Organization."

6. This conversion was effective under the laws governing the "Other Organization"

on: Sept. 1, 2010

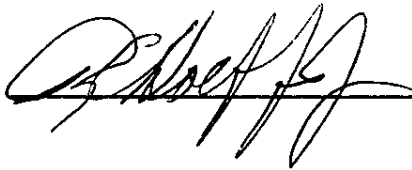
7. If the "Other Organization" is an out-of-state organization not registered to transact business in Florida, the "Other Organization" lists the following street and mailing address of an office the Florida Department of State may use for purposes of s.620.8915(3), F.S.:

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Signed this 24th day of August, 2010

Signature of a General Partner or Authorized Person:

 \_\_\_\_\_

<b>Fees:</b>	Filing Fee:	\$25.00
	Certified Copy:	\$52.50 (Optional)
	Certificate of Status:	\$8.75 (Optional)

**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:

Touchscreen of Tampa Bay, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

10016 Skyview Way #706

Fort Myers, FL 33913

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Manufacture and Sale of Screening Products

**ARTICLE IV SHARES**

The number of shares of stock is:

Authorized # of shares 10,000

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

List name(s), address(es) and specific title(s):

Robert Hoeffner	Jordan Hoeffner	Taylor Hoeffner
10016 Skyview Way #706	15701 Blair Ct	15701 Blair Ct.
Fort Myers, FL. 33913	Tampa, FL 33647	Tampa, FL. 33647
President	Secretary/Treasurer	Board Member

**ARTICLE VI REGISTERED AGENT**

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

Robert Hoeffner

10016 Skyview Way #706

Fort Myers, FL. 33913

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

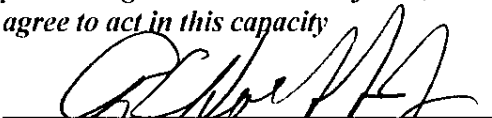
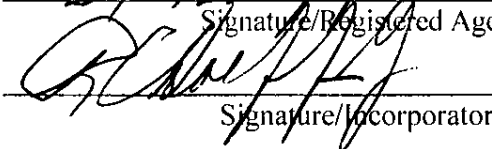
Robert Hoeffner

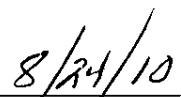
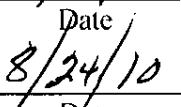
10016 Skyview Way #706

Fort Myers, FL. 33913

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*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*

  
\_\_\_\_\_  
Signature/Registered Agent  
  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date

2010 AUG 26 AM 11:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA