

P13000099812

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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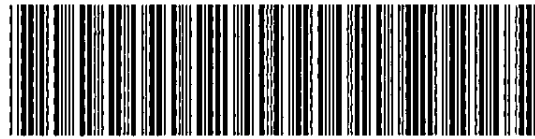
(Business Entity Name)

(Document Number)

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

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13 DEC 16 AM 8:12  
SECOND JUDICIAL CIRCUIT  
TALLAHASSEE, FLORIDA

DEC 17 2013

J. BRYAN

**COVER LETTER**

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** TWIN PARTNERS 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:

DAVID BROUSSARD  
Contact Person

Firm/Company

12488 Skon Terrace  
Address

Port Charlotte, FL 33981  
City, State and Zip Code

db@twinpartners.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID BROUSSARD at ( 941 ) 799-4362  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$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:**

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

**MAILING ADDRESS:**

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

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13 DEC 16 AM 8:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Certificate of Conversion**  
For  
**"Other Business Entity"**  
Into  
**Florida Profit Corporation**

FILED  
13 DEC 16 AM 8:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

TWIN PARTNERS LLC #L08000023299  
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 3/1/2008  
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:**

TWIN PARTNERS INC  
Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 1/1/2014  
(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.)

Signed this 9 day of December, 20 13

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Required Signature for Florida Profit Corporation:**

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

Printed Name: David Broussard Title: Chairman / Director

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

Signature: DB

Printed Name: David Broussard Title: Owner / General Manager

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ 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)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be: TWIN PARTNERS INC

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

Principal street address  
13435 MCCAILL RD  
SUITE 140  
PORT CHARLOTTE, FL 33981

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

General Business / Federal Contracting

**ARTICLE IV SHARES**

The number of shares of stock is: 10

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

Name and Title: David Broussard, Director Name and Title: \_\_\_\_\_

Address: 12488 STEEN TER Address: \_\_\_\_\_  
PORT CHARLOTTE, FL

Name and Title: Iva Broussard, Officer Name and Title: \_\_\_\_\_

Address: 12488 STEEN TER Address: \_\_\_\_\_  
PORT CHARLOTTE, FL 33981

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

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

**ARTICLE VI REGISTERED AGENT**

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

Name: David Broussard

Address: 12488 STEEN TER  
PORT CHARLOTTE, FL 33981

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: DAVID BROUSSARD  
Address: 12488 STEEN TER  
PORT CHARLOTTE, FL 33981

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TALLAHASSEE, FLORIDA

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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*

DB  
Required Signature/Registered Agent

12/9/2013  
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.*

DB  
Required Signature/Incorporator

12/9/2013  
Date

If not effective on the date of filing, enter the effective date: 1/1/2014  
(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.