P4000000110

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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07/17/14--01011--019 **105.00

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COVER LETTER

TO:	Charter Secti Division of C			
		NDT, INC		
SUBJ	ŒСТ: <u>/ чүч/</u>		ng Florida Profit Corporatio	on
conve				, and fees are submitted to tion" in accordance with s.
Please	e return all corr	espondence concernin	g this matter to:	
JAI	NNETTE	P. TUCKER		
		Contact Person		
AM	I-NDT, IN	1C		
	<u>·</u>	Firm/Company	· · · · · · · · · · · · · · · · · · ·	
127	70 NW 20	7 Street		
		Address		
Mia	ımi, FL 3	3169	•	
		City, State and Zip Code		
jtuc	ker@am	i-ndt.com		
E	-mail address: (to	be used for future annual r	eport notification)	
For fu	ırther informati	on concerning this ma	tter, please call:	
Jar	nette P.	Tucker	$_{\rm at}$ (305) 652	2-2992 ext 2001
	Name of Cor	itact Person	Area Code and Dayti	me Telephone Number
Enclo	sed is a check t	for the following amou	int:	
Ø \$10	5.00 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:		MAILING ADDRESS:		
New Filings Section Division of Corporations		New Filings Section Division of Corporations		

P. O. Box 6327

Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle

Tallahassee, FL 32301



July 18, 2014

JANNETTE P. TUCKER 1270 N.W. 207 STREET MIAMI, FL 33169

SUBJECT: AMI-NDT, INC. Ref. Number: W14000044244

We have received your document for AMI-NDT, INC. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a chairman, vice chairman, director, officer, or an incorporator, if directors or officers have not been selected.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 214A00015486

Maryanne Dickey Regulatory Specialist II New Filing Section

www.sunbiz.org

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Profit Corporation

JUL 30 PM 2: 38

This Certificate of Conversion and attached Articles of Incorporation are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation 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:

TALMAR INTERNATIONAL, LLC L09000026996

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_03/19/2009

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:

N/A

4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u>

AMI-NDT, INC

Enter Name of Florida Profit Corporation

Signed this 77H day of JULY	, 20 14	_•	
Required Signature for Florida Profit Corporat	ion:	ر م دد م م دد مسم	_
Signature of Chairman, Vice Chairman, Director, Cheen selected an Incorporator:	Officer, or, if Directors or Offic		
been selected, an Incorporator: Printed Name: Jannette P. Tucker Title:	Chairman	(62	30
Required Signature(s) on behalf of Other Busines	s Entity:	d al	PH
signature(s).]	t.	STAI GRI	2: 38
Signature: ANNETTEP TUCKER Printed Name JANNETTEP TUCKER		<u>@</u> [7]	<u> </u>
Printed Name JANNETTEP TUCKER	Title: Chairman	<u>.</u>	-
Signature:			
Printed Name: CHRISTOPHER A. TUCKER	Title: Vice Chairman		-
Signature:			-
Printed Name:	Title:		•
Signature:			-
Signature:Printed Name:	Title:		•
Signature:			
Printed Name:	Title:		-
Signature:			-
Printed Name:	Title:	-	-
If Florida General Partnership or Limited Liabili	ty Partnership:		
Signature of one General Partner.			
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:		
If Florida Limited Liability Company: Signature of a Member or Authorized Representative	:.		
All others: Signature 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 he corporation shall be: AMI-NDT, INC		
		The state of the s	
	I PRINCIPAL OFFICE place of business/mailing address is:	P. P.	
	Principal street address	Mailing address, if different is:	
18590 N	IE 2nd AVE	1270 NW 207 STREET	
MIAMI,	FL 33179	MIAMI, FL 33179	
Non-des material	for which the corporation is organized is: structive Testing (NDT) use	test methods to examine an object, its future usefulness. NDT is often oduct or a system.	
ARTICLE I	f shares of stock is:	LECTORS	
Name and Tit	MANNETTE D THEKED DDES	Name and Title:	
Address:	1270 NW 207 STREET	Address:	
Addiess.	MIAMI, FL 33169	Addices.	
Name and Tit	CHRISTOPHER TUCKER, VP	Name and Title:	
Address:	1270 NW 207 STREET	Address:	
riddiess.	MIAMI, FL 33169	rudi ess.	
Name and Tit	ile:	Name and Title:	
Address:		Address:	
Name:	T REGISTERED AGENT d Florida street address (P.O. Box NOT acce JANNETTE P. TUCKER 1270 NW 207 STREET MIAMI, FL 33169	ptable) of the registered agent is:	

ARTICLE			
Name:	Ind address of the Incorporator is: JANNETTE P. TUCKER		
Address:	1270 NW 207 STREET		JUL 30
Addiess.	MIAMI, FL 33169		30
			PH 2
**************************************	**************************************	**************************************	- 第列 -
designated capacity	in this certificate, I am familiar with and	accept the appointment as registered agent and ag	ree to act in this
4	LANCOC C	7/9/19	<i>L</i>
77	Required Signature/Registered Agent	/ /Date	
		stated herein are true. I am aware that any fo constitutes a third degree felony as provided for in	
_ · /\/	Ahole C	7/9/	114
	Required Signature/Incorporator	Date	,
(/ iX.			