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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

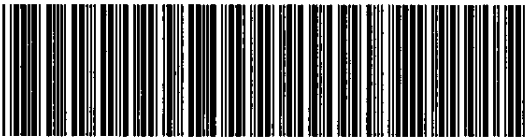
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*[Signature]* 2/11/14

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January 22, 2016

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

*Via Certified Mail; Return Receipt  
Receipt No. 70143490000164975680*

**Re: TVMA, Inc.**  
**Ref. Number: W16000001535 – Corrective Filing**

Dear Sir or Madam:

Enclosed for corrective filing is a Certificate of Conversion and attached Articles of Organization for "TVMA, Inc.". The Certificate of Conversion has now been signed by an authorized person for the Other Entity, and we have removed the request for an alternate effective date of filing.

A check for the filing fees of \$113.75 was submitted with our original filing. I have attached a copy of the return letter for your reference. Please return confirmation of the corrective filing to our office at your earliest convenience.

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Florida Department of State  
January 22, 2016  
Page 2

Thank you for your assistance with respect to this matter and if you have any questions, please feel free to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read 'Amy E. Kauffman', with a stylized, cursive script.

Amy E. Kauffman  
Paralegal

ack:00802055

Enclosure

cc: Alexander Henderson, III, Esquire



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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16 FEB -3 PM 4:13

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

January 11, 2016

NIKOLAUS & HOHENADEL, LLP  
212 NORTH QUEEN STREET  
LANCASTER, PA 17603

SUBJECT: TVMA, INC.  
Ref. Number: W16000001535

We have received your document for TVMA, INC. and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

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.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 916A00000632

FILED  
16 FEB -3 PM 2:11  
TALLAHASSEE, FLORIDA

**Certificate of Conversion**

For

**"Other Business Entity"**

Into

**Florida Profit Corporation**

FILED

16 FEB -3 PM 4:13

DEPARTMENT 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:

TVMA, Inc.

Enter Name of Other Business Entity

2. The "Other Business Entity" is a business corporation  
(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 Pennsylvania  
(Enter state, or if a non-U.S. entity, the name of the country)

on July 3, 2012

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:**

TVMA, Inc.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: \_\_\_\_\_

(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.)

**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.

Signed this 22 day of December, 2015.

**Required Signature for Florida Profit Corporation:**

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: Alexander Henderson III  
Printed Name: Alexander Henderson, III Title: Vice President

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

Signature: Alexander Henderson  
Printed Name: Alexander Henderson III Title: Vice President & Director

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)

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

FILED

**ARTICLE I NAME**

The name of the corporation shall be: TVMA, Inc.

16 FEB -3 PM 4:13

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal street address  
9072 Siesta Bay Drive

Mailing address, if different is:

Naples, FL 34120

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Management advice and consulting and related activities

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

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

Name and Title: James M. Deitch, President

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

Address: 9072 Siesta Bay Drive  
Naples, FL 34120

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

Name and Title: Alexander Henderson, III, Vice President

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

Address: 2051 Rice Road  
Lancaster, PA 17603

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

Name and Title: Kristen M. Morrell, Treasurer

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

Address: 805 Estelle Drive, Suite 111  
Lancaster, PA 17601

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

**ARTICLE VI REGISTERED AGENT**

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

Name: James M. Deitch  
Address: 9072 Siesta Bay Drive  
Naples, FL 34120

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Alexander Henderson, III  
Address: 212 North Queen Street  
Lancaster, PA 17602

\*\*\*\*\*

*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

December 22, 2015  
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

December 22, 2015  
Date

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DEPARTMENT OF STATE  
CORPORATION DIVISION