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

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COVER LETTER

| TO: Charter Section Division of Corpor | rations | | | | | | |
|--|--|------------------------------------|------------------------------|--|------------|--------------|----------|
| SUBJECT: Automotive Vi | deo Innovations, Inc. | | | | | | |
| SUBJECT: | Name of | Resulting Floric | la Profit | Corporation | _ | | |
| The enclosed Certificate of Entity" into a "Florida Pro | Conversion, Articles | s of Incorporation cordance with s | on, and f | ees are submitted to conve 15, F.S. | ert an ''C |)ther I | Business |
| Please return all correspon | dence concerning this | s matter to: | | | | | |
| Sherry Louwers | | | | | | | |
| | Contact Person | | _ | | | | |
| | | | | | | | |
| | Firm/Company | | _ | | | | |
| 6280 Are Way | | | | | 77.5 | - | |
| | Address | | _ | | | APR | |
| Ft. Myers, FL 33966 | | | | | 20 | 80 | 1 |
| Cit | y, State and Zip Code | : | _ | | | PH 12: 31 | |
| E-mail address: (to be | used for future annu | ial report notific | ation) | | | ယ cæ | |
| For further information cor | | • | , | | | | |
| Sherry Louwers | | at (²³⁹ |) 561-9 | | | | |
| Name of Conta | ct Person | Area (| Code and | l Daytime Telephone Nur | nber | | |
| Enclosed is a check for the | following amount: | | | | | | |
| | \$113.75 Filing Fees d Certificate of atus | □\$113.75 Filin and Certified C | | ☐\$122.50 Filing Fees, Certified Copy, and Certificate of Status | | | |
| STREET ADDRESS: New Filings Section Division of Corporations Clifton Building 2661 Executive Center Circ | ele | | New F Division P. O. E | ING ADDRESS: illings Section on of Corporations Box 6327 assee, FL 32314 | | | |

Tallahassee, FL 32301

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" immediate | ely prior to the filing of this Certificate of Conversi | on is: | |
|--|---|----------------|---------|
| Automotive Video Innovations, LLC | L11000110883 | | |
| Enter Name | of Other Business Entity | | |
| 2. The "Other Business Entity" is a Limited Liability C | D C C | | |
| (Enter entity type. Example: li general partnership, common | imited liability company, limited partnership, law or business trust, etc.) | 10 APR 26 | רר. |
| first organized, formed or incorporated under the laws | of Florida | 8 2 | |
| (Enter state, or if a non- | -U.S. entity, the name of the country) | P# 12: | |
| 9/28/2011 on | | $\vec{\Sigma}$ | |
| 3. If the jurisdiction of the "Other Business Entity" was organized, formed or incorporated: 4. The name of the Florida Profit Corporation as set formed. | · | | |
| Automotive Video Innovations, Inc. | | | |
| Enter Name o | f Florida Profit Corporation | | |
| 5. If not effective on the date of filing, enter the effect | ive date: | ha tha | Florida |
| (The effective date: Cannot be prior to nor more the Department of State.) | nan 90 days after the date this document is filed | by the | riorida |
| <u>Note:</u> If the date inserted in this block does not meet this ted as the document's effective date on the Department's | • • • • | e will n | iot be |

| Signed this 23 day of April | . 20 | | |
|--|--|------------|----------|
| Required Signature for Florida Profit Corporation | <u>:</u> | | |
| Signature of Chairman, Vice Chairman, Director, Off Incorporator: Printed Name: Sherry Louwers Title: Vice P | resident | selected | l, an |
| Required Signature(s) on behalf of Other Business | Entity: [See below for required signature(s) | .] | |
| Signature Sherry formers | | | |
| Printed Name: Sherry Louwers | Vice President Title: | 至名 | 18 |
| Signature: | | L. A. L. | 18 APR |
| Printed Name: | Title: | | 26 P |
| Signature: | | • | PH 12: |
| Printed Name: | | <u>.</u> : | <u>ထ</u> |
| Signature: | | | |
| Printed Name: | | | |
| Signature: | | | |
| Printed Name: | | | |
| Signature: | | | |
| Printed Name: | | | |
| If Florida General Partnership or Limited Liability Signature of one General Partner. | | | |
| If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners. | 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 II PRINCIPAL OFFICE The principal place of business/mailing address is: | | |
|--|--|---|
| Principal street address 6280 Arc Way | Mailing a | ddress, if different is: |
| 6280 Arc Way Ft. Myers, FL 33966 | | |
| | | |
| ARTICLE III PURPOSE | | F. 10 |
| The purpose for which the corporation is organize | d is: | AP AP |
| Any and all lawful business | | 8 APR 26 |
| | | <u> </u> |
| | | P 4 12: |
| | | - <u>N</u> |
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| ARTICLE IV SHARES | | |
| | | |
| The number of shares of stock is: | | |
| The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/O | R DIRECTORS | |
| The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/O Name and Title: Paul Louwers, President 856 N. Town & River Dr. | R DIRECTORS Name and Title: S56 N. To | |
| The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/O Name and Title: Paul Louwers, President 856 N. Town & River Dr. Ft. Myers, FL 33919 | R DIRECTORS Name and Title: Sherry Lo S56 N. To Address: Ft. Myers, I | uwers, Vice President wn & River Dr. |
| The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/O Name and Title: Paul Louwers. President 856 N. Town & River Dr. Ft. Myers, FL 33919 | R DIRECTORS Name and Title: Sherry Lo Sterry Lo 856 N. To Address: Ft. Myers, I | uwers, Vice President vn & River Dr. FL 33919 |
| The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/O Name and Title: Paul Louwers. President 856 N. Town & River Dr. Ft. Myers, FL 33919 Name and Title: | Name and Title: Name and Title: Sherry Lo S56 N. To Address: Ft. Myers, I Name and Title: | uwers, Vice President vn & River Dr. FL 33919 |
| The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/O Name and Title: Paul Louwers, President 856 N. Town & River Dr. Ft. Myers, FL 33919 Name and Title: Address: Address: | R DIRECTORS Name and Title: Sherry Lo S56 N. To Address: Ft. Myers, I Name and Title: Address: | uwers, Vice President vn & River Dr. FL 33919 |
| The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/O Name and Title: Paul Louwers. President 856 N. Town & River Dr. Ft. Myers, FL 33919 Name and Title: Address: | Name and Title: Sherry Lo Sherry Lo Story Lo St | uwers, Vice President vn & River Dr. EL 33919 |
| The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/O Name and Title: Paul Louwers. President 856 N. Town & River Dr. Ft. Myers, FL 33919 Name and Title: Address: | Name and Title: Sherry Lo Sherry Lo S56 N. To Ft. Myers, I Name and Title: Address: Name and Title: | uwers, Vice President vn & River Dr. FL 33919 |

| ARTICL | E VI REGISTERED AGENT | |
|----------|---|--|
| The name | and Florida street address (P.O. Box NO | OT acceptable) of the registered agent is: |
| Name: | Sherry Louwers | - |
| Address: | 856 N. Town & River Dr. | <u> </u> |
| | Ft. Myers, FL 33919 | |
| ARTICL | | APR 26 PH IZ: 38 |
| The name | and address of the Incorporator is: | 16 N T |
| Name: | Sherry Louwers | 26 PR |
| Address: | 856 N. Town & River Dr. | # 12: 38 |
| | Ft. Myers, FL 33919 | |
| | | ************************************** |
| She | Required Signature/Registered Agent | <u>-//23/18</u> Date |
| | | sted herein are true. I am aware that any false information submitted in a nird degree felony as provided for in s.817.155, F.S. |
| \$1 | Required Signature/Incorporator | |
| * | Required Signature/Incorporator | Date |