

A06000001539

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

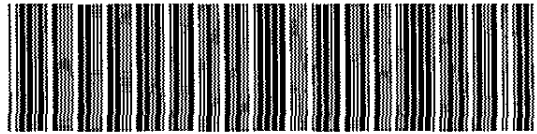
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500082473765

12/26/06--01002--018 **1105.00

RECEIVED

06 DEC 22 PM 2:45

STATE
CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

06 DEC 22 AM 11:05

STATE
CORPORATIONS
TALLAHASSEE, FLORIDA

EFFECTIVE DATE

12/31/06

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: KATIE WONSCH

DATE: 12/22/2006

REF. #: 000204.61804

CORP. NAME: BROOKRIDGE, LLC

EFFECTIVE DATE
12/31/06

FILED
06 DEC 22 AM 11:05
TALLAHASSEE, FLORIDA

- | | | |
|---|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input checked="" type="checkbox"/> OTHER: CONVERSION | | |

STATE FEES PREPAID WITH CHECK# 519553 FOR \$ 1105.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 22, 2006

CORPDIRECT AGENTS

TALLAHASSEE, FL

SUBJECT: BROOKRIDGE, LP
Ref. Number: W06000054925

EFFECTIVE DATE
12/31/06

FILED
06 DEC 22 AM 11:05
DIVISION OF STATE
TALLAHASSEE, FLORIDA

PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE.

We have received your document for BROOKRIDGE, LP and your check(s) totaling \$1105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have retained your \$1,105.00 payment.

The Registered Agent must sign the acceptance statement on the first page of the limited partnership certificate.

Please return 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) 245-6914.

Buck Kohr
Document Specialist

Letter Number: 906A00072390

RECEIVED
06 DEC 28 AM 9:45
DIVISION OF STATE
TALLAHASSEE, FLORIDA

FILED
06 DEC 22 AM 11:05
TALLAHASSEE, FLORIDA

EFFECTIVE DATE
12/31/06

Certificate of Conversion
For
"Other Business Organization"
Into
Florida Limited Partnership or Limited Liability Limited Partnership

This Certificate of Conversion and attached Certificate of Limited Partnership are submitted to convert the following **"Other Business Entity"** into a **Florida Limited Partnership or Limited Liability Limited Partnership** in accordance with s.620.2104, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

Brookridge, LLC

(Enter Name of Other Business Entity)

L99000008794

2. The "Other Business Entity" is a limited liability company
(Enter entity type. Example: corporation, limited liability company, sole proprietorship, 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 December 14, 1999
(Enter date "Other Business Entity" was first organized, formed or incorporated)

3. The name of the Florida Limited Partnership or Limited Liability Limited Partnership as set forth in the attached **Certificate of Limited Partnership**:

Brookridge, LP

(Enter Name of Florida Limited Partnership or Limited Liability Limited Partnership)

4. The conversion was approved as required by Chapter 620, F.S., and was approved in such a manner that complied with the converting organization's governing law.

5. If not effective on the date of filing, enter the effective date: 12/31/06
(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 Certificate of Limited Partnership, if an effective date is listed therein.)

Signed this _____ day of December, 2006.

Signature of Each General Partner Listed in Attached Certificate of Limited Partnership:

Brookridge GP, LLC

By: 

Fees:

Certificate of Conversion:	\$ 52.50
Fees for Florida Certificate of Limited Partnership:	\$1,000.00
(\$965 Filing Fee and \$35 Filing Fee)	
Certified Copy:	\$ 52.50 (Optional)
Certificate of Status:	\$ 8.75 (Optional)

EFFECTIVE DATE
12/31/06

FILED
06 DEC 22 AM 11:05
TALLAHASSEE, FLORIDA

**CERTIFICATE OF LIMITED PARTNERSHIP
FOR
FLORIDA LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. Brookridge, LP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.
or LLLP.

2. 6900 SOUTHPOINT DRIVE NORTH STE 250

(Street address of initial designated office)

JACKSONVILLE FL 32216

3. Thomas P. McNamara

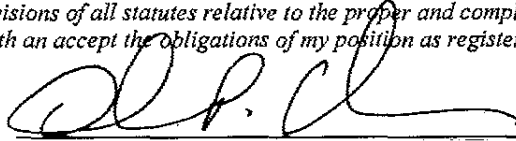
(Name of Registered Agent for Service of Process)

4. 2907 Bay to Bay Blvd, Suite 201

(Florida street address for Registered Agent)

Tampa, FL 33629

5. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



Signature of Registered Agent

6. 6900 SOUTHPOINT DRIVE NORTH STE 250

(Mailing address of initial designated office)

JACKSONVILLE FL 32216

7. If limited partnership elects to be a limited liability limited partnership, check box ☐.

8. Name and business address of each general partner:

Name:

Business Address:

Brookridge GP, LLC

6900 SOUTHPOINT DRIVE NORTH STE 250

JACKSONVILLE FL 32216

206000121214

9. Effective date, if other than the date of filing: 12/31/06

(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

Signed this _____ day of December, 2006

Signature of each general partner:

BROOKRIDGE GP, LLC

By: 

Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

\$ 52.50

Certificate of Status (optional):

\$ 8.75

December 20, 2006

Florida Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Brookridge, LP
Brookridge GP, LLC
Brookridge I GP, LLC

Dear Sir or Madam:

This letter is being written with respect to the formation of the referenced entities. Please be advised that the undersigned hereby give permission to all of the referenced entities, which are affiliates, to use names that are similar to their own names.

If you have any questions, please feel free to give us a call. Thank you for your assistance in this matter.

BROOKRIDGE HOLDINGS, LTD.

By: 

Victor R. Fransen

BROOKRIDGE, LLC

By: 

Victor R. Fransen