A1400000346

(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:
File st
Office Use Only



300260856363

06/30/14--01004--023 **60.00

06/30/14--01004--024 **1008.75

1061.25

ex 8.75

DEPARTNENT OF STATE

HEGHETARY OF STATE ALLAHASSTE FLORIN

N. Gulligan JUN 3 0 2014

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 16120, LTJ.
Name of Resulting Florida Limited Partnership or Limited Liability Limited Partnership
The enclosed Certificate of Conversion, Certificate of Limited Partnership, and fees are submitted to convert an "Other Organization" into a Florida Limited Partnership or Limited Liability Limited Partnership in accordance with s. 620.2104, F.S.
Please return all correspondence concerning this matter to:
Janes M. Durant Jr.
Boyd & Drant, P.L.
1407 Piedmont Dr. £
Tallahassee, FL 32308
City, State and Zip Code J D O O O J Law. ne T E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
James Durant at (250) 386-2171
Name of Contact Person Area Code and Daytime Telephone Number
Enclosed is a check for the following amount:
\$1,052.50 Filing Fees \$\sum \text{\$\subset}\$ \$1,061.25 Filing Fees \$\sum \text{\$\subset}\$ \$1,105.00 Filing Fees \$\sum \text{\$\subset}\$ \$1,113.75 Filing Fees, (\$52.50 for Conversion and \$1,000 - Certificate) \$ and Certificate of Status \$\subseteq \text{\$\subseteq}\$ and Certificate Copy and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

FILED

Certificate of Conversion

For

"Other Business Organization"

Into

2014 JUN 30 PM 1: 10.

SEGRETARY OF STATE TALLAHASSEE, FLORIDA

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

Florida Statutes.			
1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:			
16/20, LLC L11-2527 (Enter Name of Other Business Entity)			
2. The "Other Business Entity" is a //n/ted /:a6.'/ 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			
3. The name of the Florida Limited Partnership or Limited Liability Limited Partnership as set forth in the attached Certificate of Limited Partnership:			
(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: 30/14 (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.)			
6. The conversion is permitted by the applicable law(s) governing the other business entity and the other business entity complies with such law(s) in effecting the conversion.			

7. The "Other Business Entity" currently exists on the official records of the jurisdiction

under which it is currently organized, formed or incorporated.

Signed this 30th June	20_/4
Signature of Each General Partner Listed in Attached Partnership/Limited Liability Limited Partnership: In that the facts stated in this document are true. Any false in degree felony as provided for in s.817.155, F.S.	dividual(s) signing affirm(s)
Signature: Printed Name: James M Donart, Jr. Title	Trustae of the Capital
Printed Name: Title Signature: Printed Name: Title	- Pertain of 16120, Ltd
Signature: Title	· · · · · · · · · · · · · · · · · · ·
Signature: Title	:
Signature: Title	:
Signature: Title	;
Required Signature(s) on behalf of Other Business Entite that the facts stated in this document are true. Any false is degree felony as provided for in s.817.155, F.S. [See below)	nformation constitutes a third
Signature: Printed Name: James M. Oran J. Title	as Trister of the
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer If Directors or Officers have not been selected, an Incorporation	15120 LLC
If Florida General Partnership or Limited Liability Part Signature of one General Partner.	nership:
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 Certificate of Limited Partnership: (\$965 Filing Fee and \$35 Filing Fee)	\$ 52.50 \$1,000.00
Certified Copy: Certificate of Status:	\$ 52.50 (Optional) \$ 8.75 (Optional)

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

1 <u>16120</u> , Ltd.
(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. 16120 U.S. Highway 19 North
(Street address of initial designated office)
Clearwater, Florida 33764
3. James M. Durant, Jr.
(Name of Registered Agent for Service of Process)
4.1407 Piedmont Drive East
(Florida street address for Registered Agent)
Tallahassee, Florida 32308
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. Post Office Box 13633
(Mailing address of initial designated office)
Tallahassee, Florida 32317
7. If limited partnership elects to be a limited liability limited partnership, check box

Name: BOEIV, LLC	Business Address: Post Office Box 7598	
· · · · · · · · · · · · · · · · · · ·	St. Petersburg, FL 33734	
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
	TACH AND AND AND AND AND AND AND AND AND AND	28样 儿
	HASSEE, O	JUN 30
	FI.OFID	平:-
	30	
9. Effective date, if other than the date of f		
filed by the Florida Department of S	or more than 90 days after the date the document is	
Signed this Z6 day o	<u>s) vne 2014.</u>	
stated herein are true. I/We am/are a	We submit this document and affirm that the facts tware that any false information submitted in a e constitutes a third degree felony as provided for in James M. Duraht, Jr., as	
BOIT, US	Irrevocable Trust, dated January 12, 2011.	•
	Its Manager	
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75 Page 2 of 2	