

A06000 000124

(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



600063848816

01/26/06--01011--001 **1052.50

2006 JAN 25 AM 8:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Requester's Name	
Address	
City/State/Zip	Phone #

FILED
 2006 JAN 25 AM 8:54
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1.	(Corporation Name)	(Document #)
	LP-1052.50	
2.	(Corporation Name)	(Document #)
	LP-1000	
3.	(Corporation Name)	(Document #)
	CERT	
	(Corporation Name)	(Document #)

Handwritten: 025 1/25

- | | | |
|------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Walk in | <input type="checkbox"/> Pick up time | <input type="checkbox"/> Certified Copy |
| <input type="checkbox"/> Mail out | <input type="checkbox"/> Will wait | <input type="checkbox"/> Certificate of Status |
| <input type="checkbox"/> Photocopy | | |

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 20, 2006

GARDNER, WADSWORTH, ET AL

TALLAHASSEE, FL

SUBJECT: GIBBS FAMILY PARTNERSHIP, LTD.
Ref. Number: W06000002847

FILED
2006 JAN 25 AM 8:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
JAN 25 2006

We have received your document for GIBBS FAMILY PARTNERSHIP, LTD. and check(s) totaling \$1785.00. However, your check(s) and document are being returned for the following:

The statute that you have used for your conversion -- 620.8902 -- is no longer in effect.

To convert a general partnership into a Florida limited Partnership, you now use 620.2104, F.S.

You file a CERTIFICATE OF CONVERSION OF OTHER BUSINESS ORGANIZATION TO A FLORIDA LIMITED PARTNERSHIP, and along with this you file the new Certificate of Limited Partnership form.

The TOTAL required to file the CONVERSION and the new LP CERTIFICATE is \$1,052.50.

✓ Please note that the AFFIDAVIT OF CAPITAL CONTRIBUTIONS is no longer filed. Contributions are no longer reported.

ALSO, please note that there can be NO PRIOR EFFECTIVE DATE on the CONVERSION and LP 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: 506A00004244

FILED
2006 JAN 25 AM 8:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Gibbs Family Partnership
(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a general partnership
(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 January 1, 1993
(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**:

Gibbs Family Partnership, Ltd.
(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: _____
(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 25th day of January, 20 06

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

Gibbs Family, Inc.

Its: General Partner
By: [Signature]

Harold Gibbs
Its: President

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)

FILED
2006 JAN 25 AM 8:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. Gibbs Family Partnership, 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. 2286-3 Wednesday Street, Tallahassee, Florida 32308

(Street address of initial designated office)

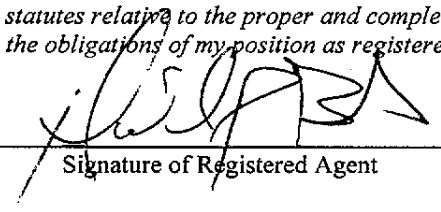
3. Michael P. Bist

(Name of Registered Agent for Service of Process)

4. 1300 Thomaswood Drive, Tallahassee, Florida 32308

(Florida street address for Registered Agent)

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. 2286-3 Wednesday Street, Tallahassee, Florida 32308

(Mailing address of initial designated office)

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:

Gibbs Family, Inc.

2286-3 Wednesday Street

Tallahassee, Florida 32308

PO500060030

9. Effective date, if other than the date of filing: _____.

(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 25th day of January, 2006.

Signature of each general partner:

Gibbs Family, Inc.

Its: General Partner

By: [Signature]

Harold Gibbs

Its: President

Filing Fees:

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

Certified Copy (optional):

\$ 52.50

Certificate of Status (optional):

\$ 8.75